

California Department of Corrections and Rehabilitation

Office of Audits and Compliance



Operational Peer Review

AVENAL STATE PRISON

APRIL 6 through APRIL 17, 2009

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OFFICE OF AUDITS AND COMPLIANCE

AVENAL STATE PRISON

EXECUTIVE SUMMARY

The Office of Audits and Compliance, in conjunction with various teams, conducted an audit of Business Services, Information Security Review, Inmate Education Programs, [REDACTED] Inmate Appeals, Ad Seg Bed Utilization, Case Records, [REDACTED], Risk Management, Radio Communications, [REDACTED], and Armstrong Self-Monitoring Evaluation at Avenal State Prison (ASP). The audit was performed during the period of April 6 through April 17, 2009. The purpose of the audit was to determine ASP's compliance with State, federal, and departmental rules, regulations, policies, and procedures.

Preliminary audit reports were prepared for each of the audited areas. This executive summary identifies the significant issues identified in each of the preliminary reports. For more information on the areas of interest, please see the detail preliminary report. The Office of Audits and Compliance requested that ASP provide a corrective action plan 30-days from the date of the preliminary report.

A summary of the significant issues is as follows:

Business Services

Personnel

Personnel Specialists have access to one another's Official Personnel File. The cabinet containing these files is unlocked in the morning and locked in the evening. Additionally, all staff have access to the keys. State Administration Manual (SAM).

Impact: This condition could result in a breach of confidentiality, possible liability to the Department, and late detection of irregularities.

The expiration date field for transaction code S57 (i.e., Leave of Absence) is not completed. This is a required field on the Personnel Action Request. A review revealed that the Management Information Retrieval System report (through March 2009) shows that only one transaction was processed with an expiration date. Personal Administration Manual.

Impact: This condition could result in loss of the position.

Garnishments were not established in a timely manner.

Impact: This condition results in misplaced or misdirected documents and court imposed penalties and fines.

Fair Labor Standards Act (FLSA) documents were not forwarded to the Personnel Office in a timely manner. Some FLSA documents are 12 months overdue. Plant Operations Maintenance (POM).

Impact: This condition creates late detection of errors and irregularities and additional workload.

Suspended payments were not cleared in a timely manner. Some transactions date back to 2004. Payroll Procedure Manual.

Impact: This condition results in difficulty resolving payments, an aged salary advance and unreported income.

Classification and Pay

The interview questions lacked a clear scoring pattern, and most scoring sheets were missing a score. California Department of Correctional and Rehabilitation's Memorandum.

Impact: In the event a complaint is filed and a hearing is scheduled with the State Personnel Board, the Institution would have difficulties supporting their selection.

Twelve Out-Of-Class (OOC) Assignments were randomly selected for review. The following deficiencies were noted: An employee was approved to work one day beyond her OOC assignment. Extensions were not sent to Headquarters for approval as required for requests over 120 days. Recruitment efforts were not documented for extensions to show attempts to fill vacancies through the appropriate process. Five Bargaining Unit (BU) 06 assignments were missing required information and five assignments had wrong dates. Department of Personnel Administration (DPA), OPS, and PSOM

Impact: This condition could result in inaccurate compensation to employees and delegation of the OOC process could be revoked by DPA.

Limited-term appointments did not have justification attached to the Request for Personnel Action (RPA). Appointments were made without the approval of the Office of Personnel Services. An illegal appointment was made. Transfers did not have documentation that shows the transfer determination. The RPA was not always complete. Duty statements and organizational charts were missing. Personnel Service Manual and Personnel Management Policy and Procedure Manual.

Impact: This condition could result in possible circumvention, loss of delegation, and errors and irregularities.

Payroll/Accounting

Control over the distribution of payroll warrants is inadequate. For example, the persons receiving and distributing salary warrants are also processing personnel documents. Specifically, a Materials and Stores Supervisor (M&SS) II, is a paymaster and a timekeeper and two Personnel Supervisors I and one Personnel Supervisor II are paymasters and timekeepers. SAM.

Impact: This issue could result in the manipulation of the attendance.

Inmate Trust Accounting

There were approximately 2,000 obsolete checks that have not been properly destroyed. Approximately 1,000 checks were issued while Jesse M. Unruh was State Treasurer in 1974. One thousand checks were issued while Philip Angelides was State Treasurer in 1998. SAM.

Impact: This condition may result in late detection of missing State funds.

The accounting staff were unable to provide documentation authorizing inmate groups to conduct fund raisers. In addition, the criteria quoted in the by-laws were inaccurate/obsolete; it is also difficult to determine when the by-laws were updated since no date appears on the by-laws. SAM.

Impact: This condition could result in unauthorized fund raisers, late detection of errors, irregularities, and/or the misuse of the account.

Plant Operations

The Audits Branch reviewed 300 completed work orders for the months of December 2008 – March 2009 and noted the following deficiencies:

- Corrective work orders do not note actions taken.
- Procedures/tasks are not checked for documenting preventive maintenance (PM) procedures.
- Inmate time is not noted.
- There are no asset numbers on corrective work orders.
- Operational Procedure (OP) number 37 references outdated forms.
- The work flow process is inefficient and does not adhere to OP number 37. Departmental Plant Operations Maintenance Procedures Manual.

Impact: This condition results in an incompatibility with The Standard Automated Preventive Maintenance Systems (SAPMS), difficulty determining tasks performed and no standardized work order process.

The Audits Branch noted the following deficiencies regarding the cross-connection program (i.e., backflow):

- There is no master list.
- The Audits Branch was not provided asset history reports for backflow devices.
- There is no published cross-connection schedule for 2008 or 2009. California Plumbing Code (CPC)

Impact: This condition results in difficulty determining whether backflow tests have been performed.

Documentation of testing and maintenance of Emergency Generators is inadequate. The Audits Branch noted the following deficiencies:

- Logs maintained by ASP's Electricians do not reconcile with SAPMS data.
- Logs do not adhere to Institutions Maintenance Unit (IMU) guidelines.
- Costs of PM are not standardized.
- Descriptions on the location of the generator are inaccurate.

- Information required under permit requirements is not logged and recorded.
- Monthly PM reflects monthly tests instead of weekly tests. IMU Memorandum.

Impact: This condition could result in no alternate electrical supply in cases of emergency, makes it difficult to determine and validate that emergency generators are tested timely and provides no information for equipment history to aid in repairing/replacement decisions.

The Audits Branch noted the following deficiencies' related to the PM program.

- During the period sampled (i.e. October 2008 through March 2009), 6,895 PM work orders were generated, of which, 40 percent were placed into, "deferred" and "cannot complete" categories.
- PM procedures have not been approved by the Associate Warden, Business Services and the Warden.
- Asset history reports are not requested, reviewed, and reconciled by supervisors.
- The PM program is not adhered to in the Main Kitchen. Thirty-three assets were sampled but reports were unavailable.
- Equipment/assets are not clearly identified with the standard equipment code on each piece of equipment in the Food Services department.
- Institutional goals are not met by Plant Operations staff.
- The freezer at 5 yard has inadequate maintenance.

Impact: This condition could decrease efficiency, increase downtime, and result in additional repairs costs. Additionally, this issue could cause serious injuries from slips, trips, and falls.

The POM does not accurately reflect Plant Operations activities for the period October 2008-March 2009. For example:

- The total amount of hours used is understated by over 10,000 hours.
- The Electronic Technician, Electricians, Plumbers, Motor Pool, Stationary Engineers, Painters and Carpenters are not meeting minimum hours for pay period.
- There are over 1,500 hours of overtime at a cost of over \$70,000 which is not captured.
- Inmate labor is not captured.
- Priorities may be inaccurate. For example, a Priority 3 designation is used instead of a Priority 5 for in-house projects

Impact: This condition results in providing inaccurate reports to Institutional management and the Central Office Institutions Maintenance Unit.

Procurement

The Interoffice Requisition, CDC 954 is not always signed by an individual who is at a level of a Correctional Business Manager II or above. This was noted on 7 of the 40 CDC 954s reviewed. Memorandum dated September 17, 2004

Impact: This condition results in management not being aware of all purchases made by the Institution.

Network printers, licenses, and hard drives were purchased without the approval of the Enterprise Information Services. Additionally, Desktop and Mobile Computing Justification, Form CDC 1855 was not always prepared to document approvals. This was noted on six purchase orders. DOM, Section 48010 and SAM, Section 4989.

Impact: This condition makes it difficult to determine whether the acquisition of computing commodity is adequately justified, certified and approved. This condition could result in the loss of purchasing delegation.

There are no records of management approval to purchase a shredder. Government Code, Sections 14740-14774.

Impact: This condition could result in loss of purchasing delegation.

Garage (Prior Finding)

Routine PM is not performed on vehicles. For example, PM on five of the ten vehicles was not done in a timely manner (seven to fourteen months late). SAM.

Impact: This condition results in late detection of irregularities.

Pest Control

The following deficiencies are noted regarding Pest control:

- There is no institutional approved operating procedure.
- Staff and inmates are not notified prior to application of pesticides/insecticides.
- Flammable chemicals are maintained on wooden shelves.
- Incompatible substances are maintained on the same shelf.
- The MSDS binder is not user friendly; it does not contain an index page for easy retrieval of MSDS.

Impact: This condition could result in exposing staff and inmates to potentially harmful chemicals.

Training

The SAPMS training was inadequate, and current data was not maintained in the Facility Center database. Additionally, there are no trained back-up personnel within Plant Operations for the automated system. DOM.

Impact: This condition could result in staff not following current policies, procedures, and practices.

Information Security Review

Staff Computing Environment

- Annual Self-Certification of Information was not available.
- Information security training was not current.
- Security Awareness and Confidentiality forms were not on file.
- Staff monitors are visible to inmates.

- Anti virus updates are not current.

Inmate Computing Environment

- Anti virus updates are not current.

Inmate Education Programs – Follow-up Review on a Corrective Action Plan was conducted April 13 through 17, 2009. ASP improved from 73 percent to 87 percent.

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Inmate Appeals

Preparation of Appeals

First and Second Level failing to document whether or not the appellant was interviewed on the Inmate/Parolee Appeal (CDC 602) or the response documents.

Due mostly to the CDC 602 completed dates, received, stamped, or returned to inmate date either not being completed or the date on the CDC 602 not matching the inmate appeals tracking system.

Dates missing on the First and Second Level CDC 602s. Some of the appeals were missing the "Returned to Inmate" date, the "Assigned Date," "Staff signatures," and "Due" dates on the appeal forms.

Timeframes

Several appeals reviewed showed only an "Assigned date", and lacked a "Received date," so the Auditor assumed the appeals were not assigned within five days of receipt. On other appeals the CDC 602s received a date stamp that was a day after the assigned date. Also, there were no assigned dates noted on the CDC 602 to identify when the appeal was assigned.

The CDC 602s did not have a "Returned to inmate date" to determine whether the appeal was overdue or not.

Appeal Responses

Some of the First Level Reviews did not restate the appeal issue when they were handwritten on the CDC 602 or on the attached response.

On the following categories; Case Records, Funds, and Classification on First and Second Level Reviews, the responders did not state the reason for the appeal decision rendered. In other categories, some of the Second Levels were too brief, not researched, or only quoted the California Code of Regulations (CCR) Section as the sole response, without providing a nexus for the decision rendered.

Training/Office Staffing

Seventeen supervisors have not received supervisor's orientation training regarding inmate appeals. It is noted that the last supervisor's orientation training in inmate appeals was provided July 2008.

Administrative Segregation Bed Utilization

This review is presented in three separate case groups (i.e. Disciplinary Process, Incident Report Processing, and Safety Concerns Investigation).

Disciplinary Process

Hearing to Facility Captain Review:

Time from the date of the Rules Violation Report (RVR) hearing to the date the RVR was audited by the Facility Captain ranged from 1 day to 13 days.

Of the cases reviewed, **67 percent met this expectation** (10 of 15 cases). Note that in the collection of the data weekend days were not considered so the number of cases meeting the expectation may be greater than indicated. According to the Deputy Director memorandum dated March 26, 2003, the expectation is this time will be within 5 working days.

Facility Captain to Chief Disciplinary Officer Review:

Time from the date the RVR was audited by the Facility Captain to the date the RVR was audited by the Chief Disciplinary Officer ranged from one day to ten days.

Of the cases reviewed, **43 percent met this expectation** (6 of 14 cases). Note that in the collection of the data weekend days were not considered so the number of cases meeting the expectation may be greater than indicated. According to the Deputy Director memorandum dated March 26, 2003, the expectation is this time will be within 3 working days.

Chief Disciplinary Officer (CDO) to Institution Classification Committee (ICC) review:

Time from date the CDO audited the RVR to the case being reviewed by the ICC for the RVR ranged from 8 days to 120 days.

Of the cases reviewed, **27 percent met this expectation**. This percentage appears low; however, a large number of cases in this sample were noted as having been reissued for a rehearing. The hearing data was collected from the initial RVR so that the time from the initial CDO review to the ICC action will not reflect the subsequent RVR hearing and review data thereby increasing the perceived time from the CDO review to ICC. According to the CCR, Section 3335(d) (1) (2), upon resolution an ICC shall review the inmate's case within 14 days.

Incident Report Processing

Once an incident has occurred, the Incident Report must be prepared and completed. This timeline measures the process within the Institution as it completes the report, forwards it to its Investigative Services Unit (ISU) and the subsequent response time

from the office of the District Attorney (DA) or the ISU screen-out based on local agreement with the DA.

Incident Date to ISU Receipt of Incident Report:

Date from incident occurrence to the date ISU received the Incident Report ranged from 1 day to 180 days.

Of the cases reviewed, **92 percent met this expectation** (22 of 24). According to the Deputy Director Memorandum dated March 26, 2003 the complete package will be presented to ISU within 21 calendar days.

ISU Receipt of Incident Report to Referral to DA/ISU Screen out:

Date from ISU receipt of Incident Report to referral to DA or ISU screen out ranged from 2 days to 70 days. Of the cases examined, **22 percent of the cases met this expectation** (5 of 23). According to the Deputy Director memorandum dated March 26, 2003 the expectation is the time should not exceed 5 working days.

DA Referral to Resolution:

Date from DA referral to either rejection or acceptance of the case ranged from 1 day to 176 days. (This is one area that the ASP has no definitive control over; however, it is suggested that the Institution work closely with the DA's office to track the decision making process to resolution of either acceptance of the case for prosecution or rejection of the case for prosecution).

Safety Concern Investigation

When an inmate is placed into ASU based on safety concerns, which must be investigated, there are no due process time constraints that delay the resolution and completion of the investigation. The amount of time taken to complete this type of investigation varies and generally reflects the amount of resources utilized to conduct the investigation.

Investigation initiation to Completion:

The investigation was related to over familiarity with a staff member. The duration is 172 days and the case has been reviewed by ICC and Classification Staff Representative twice.

Of the cases reviewed, **0 percent met the Department expectation**. According to the Deputy Director Memorandum dated March 26, 2003 the expectation of the investigation duration should not exceed 30 calendar days.

Investigation Completion to ICC Review:

Only one case was reviewed and the investigation is on-going so there is no criteria to evaluate in this area. According to the CCR, Section 3335(d) (1) (2), upon resolution an ICC shall review the inmate's case within 14 days.

Case Records

Holds, Warrants, and Detainers: In the Holds, Warrants, and Detainer portion of the audit, 19 components were reviewed. There were eight areas listed below that need to be brought into compliance with the current policies and procedures as indicated in the above review portion of this report:

- Time frames between initiating the Detainer Summary, CDC 850 and forwarding the inquiry to the appropriate law enforcement agency.
- Ensure the certified return receipt is maintained in the Central File for verification.
- Implement a tracking system to ensure the Motion for Dismissal are processed pursuant to the policy and procedures as outlined in DOM. Ensure the certified return receipt is maintained in the Central File.
- Ensure all the requirements are met for placing a hold within the four (4) hour time frame pursuant to Departmental Policies and Procedures.
- Completing the Inmate Notification and Agency of Retainer (CDC 661) with the appropriate option to the inmate, including but not limited to, Penal Code (PC), Sections 1381, 1389, and 1203.02(a).
- Ensure information entered into OBIS for Warrants and Releases Pursuant to PC, Section 4755 is accurate.
- Implement a tracking system to ensure Time Server Warrants are deleted from the computerized systems pursuant to policy and procedures
- Ensure that when holds expire and/or are dropped the Automated Release Data Tracking System (ARDTS) is updated appropriately and the Chronological History, CDC 112 is posted appropriately.

Warden's Checkout Order (CDC Form 161): In the CDC Form 161 portion of the audit, 60 files were reviewed, discrepancies were found in 50 of the files. See details below:

- In 49 of the cases, the CDC Form 161 did not reflect the Commitment Name as indicated on the legal documents and Legal Status Summary.
- In 5 of the cases, the Parole Region was not reflected on the CDC Form 161.
- In one (1) of the cases the Notice boxes were not checked.

Desk procedures were reviewed and there are conflicting directions on what information to reflect on the CDC Form 161.

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Risk Management

Workers' Compensation – Reporting and Inmate Workers' Compensation Program

- CalOSHA, Log 301 for Inmates is not posted at the end of the year.
- Appropriate workers' compensation claim information is not filed in the inmate's C-file.

Workers' Compensation Return-To-Work Process – ASP Institution does not identify marginal and essential functions including physical and mental demands. Duty Statements are only updated to reflect essential functions when needed during the processing of a Workers' Compensation claim

Fire, Life, Safety Systems

- Not all staff completed their required training at this time.
- Extrication equipment is due for replacement according to the last vendor inspection repair report.
- There are not engine by exhaust systems in place.
- According to the maintenance record review, fire, alarm systems are not properly maintained. Trouble and false alarms are common throughout the ASP. Also, sprinkler systems are not properly maintained. Finally, hydrant flow ratings are not properly maintained.
- ASP does not have a proper Spill Prevention, Countermeasure, and Control Plan (SPCC) in place.
- The garage area does not have the required labeling at their Hazardous Materials Satellite Accumulation Point.

Health and Safety/Injury and Illness Prevention Plan (IIPP)

- Upon request, staff in the Mail Room were unable to locate a copy of the areas' IIPP or Code of Safe Practices.
- The IIPP dated August 2008 did not include the following components: Emergency Evacuation Procedures, Miscellaneous and Communicable Diseases Reporting Tools, Skin Infection Exposure Control Plan, Safe Lifting Training Program, Hazardous Communication Program, Confined Space Entry Program, Heat Illness Prevention Program, Asbestos, and Lead Containment Program.

Radio Communications – 99 percent compliant

[REDACTED]

Armstrong Self-Monitoring Evaluation

Disability Placement Program

- All designated staff have not attended the Overview, Custody and Health Care Armstrong Training Modules as required.
- All custody staff assigned to ASU/SHU (security housing units)/Receiving and Release/Transportation did not attend the required formal Health Care Appliance Interagency Training provided by the Office of Court Compliance and Department of Rehabilitation.
- All Correctional Counselors and Health Care staff did not attend the required formal Interagency Effective Communication Training provided by the Office of Court Compliance and the Department of Rehabilitation staff.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS AND RECOMMENDATIONS

BUSINESS SERVICES

AVENAL STATE PRISON

APRIL 6 THROUGH APRIL 17, 2009

PRELIMINARY

CONDUCTED BY
THE AUDITS BRANCH



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**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

AVENAL STATE PRISON

INTRODUCTION

The California Department of Corrections and Rehabilitation's (CDCR), Office of Audits and Compliance (OAC), Audits Branch, conducted an audit of Business Services at Avenal State Prison (ASP). The purpose of the audit was to analyze and evaluate the level of compliance with State and departmental policies, procedures, rules, regulations, operational objectives, and guidelines. The following areas were audited:

- Personnel Transactions;
- Classification and Pay;
- Payroll/Accounting;
- Delegated Testing;
- Procurement;
- Materials Management (i.e., Warehousing and Property);
- Plant Operations;
- Food Services;
- Inmate Trust Accounting;
- Environmental Health and Safety; and
- Occupational Health and Safety.

It should be noted that the Office of Risk Management (ORM) conducted a Food Facility and Fire Program Inspection.

The fieldwork was performed during the period of April 6 through April 17, 2009. The exit conference was held on April 17, 2009.

René Francis, Certified Government Financial Manager, supervised the audit. Management Auditors Deborah Brannon, Michael Robinson, Naomi Banks, and Saihra Posas conducted the audit. In addition, John Hunter, Procurement Services Officer II, California Correctional Center; Mike Romero, Correctional Food Manager I, Ironwood State Prison; Michelle Stephens, Staff Services Analyst, Headquarters; and Nicole Burke, Personnel Specialist, Headquarters; provided subject matter expertise. Alberto Caton, Correctional Administrator, coordinated and managed the audit. Richard C. Krupp, Assistant Secretary of the OAC, provided executive management oversight.

The audit consisted of an entrance conference, review of prior reports, test of transactions, interviews, observations, periodic management briefings, an exit conference, and issuance of the preliminary audit report.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

AVENAL STATE PRISON

AUDIT SCOPE

The scope of the audit encompasses the examination and evaluation of the adequacy and effectiveness of ASP's system of management control and compliance to applicable policies, procedures, rules, and regulations. The audit period may include prior fiscal years if deemed necessary. The control objectives include, but are not limited to the following:

- State assets are safeguarded from unauthorized use or disposition;
- Transactions are executed in accordance to management's authorizations;
- Transactions are executed in accordance with applicable rules and regulations;
- Transactions are recorded correctly to permit the preparation of financial and management reports; and
- Programs are working efficiently and effectively.

In order to determine the adequacy of the control systems and level of compliance with State, federal, and departmental fiscal procedures, the audit team performed the following audit procedures:

- Examined evidence on a test basis supporting management's assertions;
- Performed detailed analyses of documentation and transactions;
- Interviewed Facility staff;
- Made inspections and observations;
- Performed group discussions of the overall impact of deficiencies; and
- Discussed deficiencies with supervisors and management throughout the audit process.

SYMPTOMS OF CONTROL DEFICIENCIES

Experience has indicated that the existence of one or more of the following danger signals will usually be indicative of a poorly maintained or vulnerable control system. These symptoms may apply to the organization as a whole or to individual units or activities. Department heads and managers should identify and make the necessary corrections when warned by any of the danger signals listed below:

- Policy and procedural or operational manuals are either not currently maintained or are nonexistent;
- Lines of organizational authority and responsibility are not clearly articulated or are nonexistent;
- Financial and operational reporting is not timely and is not used as an effective management tool;
- Line supervisors ignore or do not adequately monitor control compliance;
- No procedures are established to assure that controls in all areas of operation are evaluated on a reasonable and timely basis;
- Internal control weaknesses detected are not acted upon in a timely fashion; and
- Controls and/or control evaluations bear little relationship to organizational exposure to risk of loss or resources.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

AVENAL STATE PRISON

CORRECTIVE ACTION PLAN

ASP's corrective action plan (CAP) is due within 30 days of receipt of the preliminary audit report. See Attachment A for a sample of the format.

The CAP is designed to document the Institution's plan to fully resolve the audit findings. It includes a brief description of the audit finding, the classification of the personnel directly responsible for resolving the finding(s), their telephone number and/or extension, a brief description of the proposed action and the anticipated date of completion.

Please e-mail your completed CAP to Alberto.Caton@cdcr.ca.gov and Rose.Mitjans@cdcr.ca.gov. Send the original to Alberto Caton, OAC, PO Box 942883, Sacramento, CA 95811-7243.

If you need additional time to prepare your CAP, please contact Alberto Caton, Correctional Administrator at (916) 255-2717.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

AVENAL STATE PRISON

EXECUTIVE SUMMARY

The OAC's, Audits Branch conducted an audit of Business Services at ASP during the period of April 6 through April 17, 2009. The purpose of the audit was to determine the level of compliance with State, federal, and departmental rules, regulations, policies, and procedures. Prior to this audit, the Audits Branch conducted a comprehensive audit of Business Services from September 23 through October 10, 2002. A follow-up audit was conducted, from September 2 through September 5, 2003. Unresolved findings are identified in this report as "Prior Finding."

The exit conference related to this audit was held on April 17, 2009, with the Warden, Chief Deputy Warden, and Business Services staff. The Audits Branch requested that ASP provide a CAP within 30 days after receipt of the preliminary audit report.

It should be noted that the ORM conducted a Food Facility and Fire Program Inspection.

Areas audited:

- Personnel Transactions;
- Classification and Pay;
- Payroll/Accounting;
- Delegated Testing;
- Procurement;
- Materials Management (i.e., Warehousing and Property);
- Plant Operations;
- Food Services;
- Inmate Trust Accounting;
- Environmental Health and Safety; and
- Occupational Health and Safety.

Twenty-four findings are identified in the preliminary audit report and categorized under the following topics:

Category	Number of Findings	Page Number
Health and Safety	1	1
Internal Control	3	1
Late Detection and Additional Workload	18	3
Policies and Procedures	1	15
Training	1	16
Total	24	

The executive summary provides the category, a brief description of the finding, criteria, impact, and prior finding, if applicable.

It should be noted that turnover in the area of Business Services over the past 12 months is as follows: Accounting (50 percent), Personnel (42 percent), Procurement (16.3 percent), Food Services (15.7 percent), and Plant Operations (9.7 percent).

I. HEALTH AND SAFETY

A. Plant Operations

Plant Operations staff was not supplied the current hazard information pertinent to their work assignments. Additionally, the Master binder of Codes of Safe Practices and Hazard Evaluations located at the Plant Operations Office has not been updated since 1998. Department Operations Manual (DOM) and ASP's Injury and Illness Prevention Program (IIPP).

Impact: This condition results in duties not performed in a safe and healthy manner.

II. INTERNAL CONTROL

A. Personnel Transactions

Personnel Specialists have access to one another's Official Personnel File (OPF). The cabinet containing these files is unlocked in the morning and locked in the evening. Additionally, all staff have access to keys. State Administrative Manual (SAM).

Impact: This condition could result in a breach of confidentiality, possible liability to the Department, and late detection of irregularities.

B. Payroll / Accounting

Control over the distribution of payroll warrants is inadequate. For example, the persons receiving and distributing salary warrants are also processing personnel documents. Specifically, a Materials and Stores Supervisor (M&SS) II, is a paymaster and a timekeeper and two Personnel Supervisors I and one Personnel Supervisor II are paymasters and timekeepers. SAM.

Impact: This issue could result in the manipulation of the attendance.

C. Materials Management/Warehousing

The location of State owned property does not always reconcile to the location specified on the Property Control System (PCS). In addition, equipment was improperly tagged, missing tags, or had blank tags. DOM.

Impact: This condition may result in the late detection of irregularities, theft, and/or misappropriation.

III. LATE DETECTION AND ADDITIONAL WORKLOAD

A. Inmate Trust Accounting

There were approximately 2,000 obsolete checks that have not been properly destroyed. Approximately 1,000 checks were issued while Jesse M. Unruh was State Treasurer in 1974. One thousand checks were issued while Philip Angelides was State Treasurer in 1998. SAM.

Impact: This condition may result in late detection of missing State funds.

The accounting staff were unable to provide documentation authorizing inmate groups to conduct fund raisers. In addition, the criteria quoted in the by-laws were inaccurate/obsolete; it is also difficult to determine when the by-laws were updated since no date appears on the by-laws. SAM.

Impact: This condition could result in unauthorized fund raisers, late detection of errors and irregularities and/or the misuse of the account.

B. Personnel Transactions

The expiration date field for transaction code S57 (i.e., Leave of Absence), is not completed. This is a required field on the Personnel Action Request (PAR). A review revealed that the Management Information Retrieval System (MIRS) report (through March 2009) shows that only one transaction was processed with an expiration date. Personnel Administration Manual (PAM).

Impact: This condition could result in loss of the position.

Garnishments were not established in a timely manner.

Impact: This condition results in misplaced or misdirected documents and court imposed penalties and fines.

Fair Labor Standards Act (FLSA) documents were not forwarded to the Personnel Office in a timely manner. Some FLSA documents are 12 months overdue. POM.

Impact: This condition creates late detection of errors and irregularities and additional workload.

Suspended payments were not cleared in a timely manner. Some transactions date back to 2004. Payroll Procedure Manual (PPM).

Impact: This condition results in difficulty resolving payments, an aged salary advance, and unreported income.

C. Classification and Pay

The interview questions lacked a clear scoring pattern, and most scoring sheets were missing a score. CDCR Memorandum.

Impact: In the event a complaint is filed and a hearing is scheduled with the State Personnel Board (SPB), the Institution would have difficulties supporting their selection.

Twelve Out-Of-Class (OOC) Assignments were randomly selected for review. The following deficiencies were noted: An employee was approved to work one day beyond her OOC assignment. Extensions were not sent to Headquarters for approval as required for requests over 120 days. Recruitment efforts were not documented for extensions to show attempts to fill vacancies through the appropriate process. Five Bargaining Unit (BU) 06 assignments were missing required information and five assignments had wrong dates. Department of Personnel Administration (DPA), Office of Personnel Services (OPS), and Personnel Services Operations Manual (PSOM).

Impact: This condition could result in inaccurate compensation to employees and delegation of the OOC process could be revoked by the DPA.

Limited-term (LT) appointments did not have justification attached to the Request for Personnel Action (RPA). Appointments were made without the approval of the Office of Personnel Services. An illegal appointment was made. Transfers did not have documentation that shows the transfer determination. RPA were not always complete. Duty statements and organizational charts were missing. Personnel Service Manual and Personnel Management Policy and Procedure Manual (PMPPM)

Impact: This condition could result in possible circumvention, loss of delegation, errors, and irregularities.

D. Plant Operations

The Audits Branch reviewed 300 completed work orders for the months of December 2008 – March 2009 and noted the following deficiencies:

- Corrective work orders do not note actions taken.
- Procedures /task are not checked for documenting preventive maintenance (PM) procedures.
- Inmate time is not noted.
- There are no asset numbers on corrective work orders.
- Operational Procedure (OP) number 37 references outdated forms.
- The work flow process is inefficient and does not adhere to OP number 37. Departmental Plant Operations Maintenance Procedures Manual (DPOMPM).

Impact: This condition results in an incompatibility with The Standard Automated Preventive Maintenance Systems (SAPMS), difficulty determining tasks performed and no standardized work order process.

The Audits Branch noted the following deficiencies regarding the cross-connection program (i.e., backflow):

- There is no master list.
- The Audits Branch was not provided asset history reports for backflow devices.
- There is no published cross-connection schedule for 2008 or 2009. California Plumbing Code (CPC).

Impact: This condition results in difficulty determining whether backflow tests have been performed.

Documentation of testing and maintenance of Emergency Generators is inadequate. The Audits Branch noted the following deficiencies:

- Logs maintained by ASP Electricians do not reconcile to SAPMS data.
- Logs do not adhere to IMU guidelines.
- Costs of PM are not standardized.
- Descriptions on the location of the generator are inaccurate.
- Information required under permit requirements is not logged and recorded.
- Monthly PM reflects monthly tests instead of weekly tests. Institutions Maintenance Unit (IMU) Memorandum

Impact: This condition could result in no alternate electrical supply in cases of emergency, makes it difficult to determine and validate that emergency generators are tested timely and provides no information for equipment history to aid in repairing/replacement decisions.

The Audits Branch noted the following deficiencies' related to the PM program.

- During the period sampled (i.e. October 2008 through March 2009), 6,895 PM work orders were generated, of which, 40 percent were placed into, "deferred" and "cannot complete" categories.
- PM procedures have not been approved by the Associate Warden, Business Services and the Warden.
- Asset history reports are not requested, reviewed, and reconciled by supervisors.
- The PM program is not adhered to in the Main Kitchen. Thirty-three assets were sampled but reports were unavailable.
- Equipment/assets are not clearly identified with the standard equipment code on each piece of equipment in the Food Services department.
- Institutional goals are not met by Plant Operations staff.
- The freezer at 5 yard has inadequate maintenance.

Impact: This condition could decrease efficiency, increase downtime and result in additional repairs costs. Additionally, this issue could cause serious injuries from slips, trips, and falls.

The POM does not accurately reflect Plant Operations activities for the period of October 2008 through March 2009. For example:

- The total amount of hours used is understated by over 10,000 hours.
- The Electronic Technician, Electricians, Plumbers, Motor Pool, Stationary Engineers, Painters and Carpenters are not meeting minimum hours for pay period.
- There are over 1,500 hours of overtime at a cost of over \$70,000 which is not captured.
- Inmate labor is not captured.
- Priorities may be inaccurate. For example, a Priority 3 designation is used instead of a Priority 5 for in-house projects

Impact: This condition results in providing inaccurate reports to Institutional management and the Central Office Institutions Maintenance Unit (SAPMS).

E. Procurement

The Interoffice Requisition-Local (CDC 954) is not always signed by an individual who is at a level of a Correctional Business Manager II or above. This was noted on 7 of the 40 CDC 954s reviewed. Memorandum dated September 17, 2004.

Impact: This condition results in management not being aware of all purchases made by the Institution.

Network printers, licenses and hard drives were purchased without the approval of the Enterprise Information Services (EIS). Additionally, Desktop and Mobile Computing Justification, Form CDC 1855 was not always prepared to document approvals. This was noted on six POs. DOM, Section 48010 and SAM, Section 4989.

Impact: This condition makes it difficult to determine whether the acquisition of computing commodity is adequately justified, certified and approved. This condition could result in the loss of purchasing delegation.

There are no records of management approval to purchase a shredder. Government Code, Sections 14740-14774.

Impact: This condition could result in loss of purchasing delegation.

F. Garage (Prior Finding)

Routine PM is not performed on vehicles. For example, PM on 5 of the 10 vehicles was not done in a timely manner (7 to 14 months late). SAM.

Impact: This condition results in late detection of irregularities.

IV. POLICIES AND PROCEDURES

A. Pest Control

The following deficiencies are noted regarding Pest control:

- There is no institutional approved operating procedure.
- Staff and inmates are not notified prior to application of pesticides/insecticides.
- Flammable chemicals are maintained on wooden shelves.
- Incompatible substances are maintained on the same shelf.
- The Materials Safety Data Sheet (MSDS) binder is not user friendly; it does not contain an index page for easy retrieval of MSDS.

Impact: This condition could result in exposing staff and inmates to potentially harmful chemicals.

V. TRAINING

A. Plant Operations

The SAPMS training was inadequate, and current data was not maintained in the Facility Center (FC) database. Additionally, there are no trained back-up personnel within Plant Operations for the automated system. DOM.

Impact: This condition could result in staff not following current policies, procedures, and practices.

FINDINGS AND RECOMMENDATIONS

It should be noted that turnover in the area of Business Services over the past 12 months is as follows: Accounting (50 percent), Personnel (42 percent), Procurement (16.3 percent), Food Services (15.7 percent), and Plant Operations (9.7 percent).

I. HEALTH AND SAFETY

A. Plant Operations

Plant Operations staff was not supplied with current hazard information pertinent to their work assignments. Additionally, the Master binder of Codes of Safe Practices and Hazard Evaluations located at the Plant Operations Office has not been updated since 1998 and is not standardized.

As a result, duties may not have been performed in a safe and healthy manner.

DOM, Section 31020.3, Objectives, states in part: "All systems shall meet or exceed the minimum safety and health standards of the General industry Safety Orders (GISO), California Code of Regulations (CCR) (8); Manual of Standards for Adult Correctional Institutions (ACA); National Fire Protection Association (NFPA) Life Safety Codes; H&SC; and all other applicable federal, state, and local laws, ordinances, and codes regarding occupational safety, environmental health, and fire prevention and control."

ASP's IIPP, Section H, states in part: "Record Keeping Requirements 'Maintenance of all written records'"

Title 8, CCR, Section 3202(d), requires certain documents related to the IIPP be kept for at least one year. ASP's IIPP, Section E, states in part: "Codes of Safe Practices for general and/or specific job safety classes or work station . . . maintained at each work site."

Recommendation

Update the Codes of Safe Practices and Hazard Evaluations. Provide copies of the updates to staff. In addition, monitor the process to ensure compliance.

II. INTERNAL CONTROL

A. Personnel Transactions

Personnel Specialists have access to one another's OPF. This occurs because the cabinet containing these files is unlocked in the morning and locked in the evening. Additionally, all staff have access to keys.

This condition could result in breach of confidentiality, possible liability to the

department, and late detection of irregularities. SAM, Section 20050, Internal Control, requires in part: “A plan that limits access to state assets to authorized personnel who require these assets in the performance of their assigned duties.”

Recommendation

Restrict access to OPF for Personnel Office staff so that staff do not have access to one another's OPF.

B. Payroll/Accounting

Control over the distribution of payroll warrants is inadequate. For example, the persons receiving and distributing salary warrants are also processing personnel documents. Specifically, M&SS II, is a paymaster and a timekeeper; and two Personnel Supervisors I and one Personnel Supervisor II are paymasters and timekeepers.

This issue could result in the manipulation of the attendance.

SAM, Section 8580.1, states in part: “Persons designated by agencies to receive salary warrants from SCO, or to distribute salary warrants to employees, or to handle salary warrants for any other purpose will not be authorized to process or sign any of the following personnel documents: d. Absence and Additional Time Worked Report form, STD. 634 (the STD 634 has been replaced by the CDC 998-A). Departments will review duties at least semiannually or more often if necessary to comply with this section.”

Recommendation

Ensure that persons designated to receive, distribute, or handle salary warrants are not authorized to process or sign personnel documents.

C. Materials Management/Warehousing

The location of State owned property does not always reconcile to the location specified on the PCS. In addition, equipment was improperly tagged, missing tags, or had blank tags.

This condition may result in late detection of irregularities, theft, and/or misappropriation.

DOM, Section 22030.12.3, Property Identification Numbers, states in part: “Each item of state-owned property shall bear an identifying number, either by decal or engraving . . . To the extent possible, all property shall be tagged on the front, left-hand corner of the item . . . If the property tag is destroyed, lost, or marred beyond recognition, a substitute number shall be supplied upon request.”

Recommendation

Periodically perform spot checks to ensure that property is properly tagged and that the PCS reflects the location of property.

III. LATE DETECTION AND ADDITIONAL WORKLOAD

A. Inmate Trust Accounting

1. Obsolete Checks

There are approximately 2,000 obsolete checks that have not been properly destroyed. Approximately 1,000 checks were issued while Jesse M. Unruh was elected State Treasurer in 1974. One thousand checks were issued while Philip Angelides was State Treasurer in 1998. SAM.

This condition may result in late detection of missing State funds.

SAM, Section 1750, Disposal of Unused Accountable Forms, states in part: "Each agency is responsible for the appropriate disposal of unused (blank accountable forms (examples are checks, receipts, etc.)."

Recommendation

Properly document and destroy obsolete checks.

2. Group Accounts

The accounting staff were unable to provide documentation authorizing inmate groups to conduct fund raisers. In addition, the criteria quoted in the by-laws (DOM, Sections 53020.5 and 53110.3) were inaccurate/obsolete; it is also difficult to determine when the by-laws were updated since no date appears on the by-laws.

This condition could result in unauthorized fund raisers, late detection of errors, irregularities and/or the misuse of the account.

SAM, Section 19440.1, Documentation, states: "Each trust account established shall be supported by documentation as to the type of trust, donor or source of trust moneys, purpose of the trust, time constraints, persons authorized to withdraw or expend funds, specimen signatures, reporting requirements, instructions for closing the account, disposition of any unexpended balance, and restrictions on the use of moneys for administrative or overhead costs. This documentation will be retained until the trust is dissolved."

ASP's DOM Supplement 101080.7, states: "With approval of the Warden, recognized inmate activity groups may be allowed to conduct fund raising drives. Only one fund raising drive per quarter will be allowed."

ASP By-Laws, states: "The Constitution/By-Laws will be reviewed and revised, when necessary, or at least annually."

Recommendation

Ensure that all fund raisers are properly authorized. Additionally, update the criteria in the by-laws and record the date that the by-laws are updated.

B. Personnel Transactions

1. Leave of Absence

The expiration date field for transaction code S57 (i.e., Leave of Absence) is not completed. This is a required field on the PAR). A review revealed that the MIRS report (through March 2009) shows that only one transaction was processed with an expiration date.

This condition could result in loss of the position.

PAM, Section 3.246 (rev. 02/95), S57 (Temporarily off payroll pending investigation of injury or illness) states in item #645 - Separation Expiration Date, cannot exceed one year from the effective date in Item #210 (or cannot exceed appointment expiration date of a temporary employee).

Recommendation

Complete the expiration date field for transaction code S57 to ensure that positions will not be lost.

2. Garnishments

The Audits Branch found that garnishments were not been processed, and they were well over two months old.

This condition could result in misplaced or misdirected documents and court imposed penalties and fines.

If a garnishment cannot be located but needs modifications and there is a delay. As an employer, you are required by law to comply with the Withholding Order/Notice. If not, you "may" be subject to sanctions or penalties including, but not limited to, those available under California Family Code, Section 5241. In part, failure to comply (timely; which is usually 10 days from the receipt of said notice) may result in a contempt of court under California Code of Civil Procedure, Section 1218.

Recommendation

Ensure that Personnel Specialist makes individual garnishment files for each employee. This will help in assuring that garnishments are processed in a timely manner.

3. FLSA

First, Second, and Third Watch FLSA sign in/out sheets for Information Security Unit (ISU), In-Service Training (IST), and Transportation units were not forwarded to the Personnel Post Assignment System (PPAS) timekeepers in a timely manner. Based on documents reviewed, the condition has existed for the past 12 months.

This condition could result in late detection of errors and irregularities and additional workload.

Personnel Operations Manual (POM), collective bargaining unit contract and department policy, requires that the various units maintains and forwards the FLSA sheet to Personnel by the third working day following master payday.

Recommendation

Require that the ISU, IST, and Transportation units forward the FLSA's sheets to the Personnel Post Assignment Systems (PPAS) timekeepers within Personnel in a timely manner.

4. Suspended Payments

Suspended payments and suspended transactions were not cleared in a timely manner. Some of these transactions date back to 2004, and the employee is no longer employed by the State of California.

This condition may result in penalties and fines imposed upon the department for not meeting the requirements, policies and procedures of timely payment of wages. Additionally, corrections are required in both the SCO history and Payment history. Employees' records are not accurate and/or complete and may require DPA approval.

PPM, Section I406, Suspended Payments, states in part: "A valid payment or adjustment is tested for a series of conditions before being released. If a payment or adjustment fails to meet all the requirements, it is withdrawn for later release and placed on the Suspended Payment File...."

Recommendation

Verify for accuracy, and follow-up with suspended pay/transactions reports on a consistent basis. Clear the suspended payment report and establish a procedure to monitor the process for compliance.

C. Classification and Pay

1. Interview Package

One interview package was reviewed and the interview questions lacked a clear scoring pattern, and most scoring sheets are missing a score. Also, score sheets are on a separate sheet from the questions. This makes it difficult to identify how the candidate was evaluated.

This condition results in difficulty justifying the selection, and verifying eligibility. Additionally, if a complaint was filed and a hearing was scheduled with the SPB, the Institution would have difficulties supporting their selection.

CDCR Memorandum dated April 4, 2003, Hiring Process, states: "Every candidate interviewed should be asked the same core set of questions and panel members should take notes and use the rating criteria to score responses to the questions."

Recommendation

- Modify the Hiring Interview packages so that they consist of a core set of job related leading questions with specific rating criteria for all interview questions. Review packages for completeness.
- Ensure that the interview panel has a scoring table with the questions and possible scores for each question (a sliding scale is recommended) to fairly rate each candidate.

2. Out of Class Assignments

Twelve OOC Assignments were randomly selected for review. The following deficiencies are noted: An employee was approved to work one day beyond her OOC assignment. Extensions were not sent to Headquarters for approval as required for requests over 120 days. Recruitment efforts were not documented for extensions to show attempts to fill vacancies through the appropriate process. Five BU 06 assignments were missing required information and five assignments had wrong dates.

This condition could result in employees improperly compensated. In addition future delegation could be revoked by DPA.

The BU 06 contract expired July 2, 2006; Implemented Terms were effective September 18, 2007. Article 9: General Personnel, 9.07 Out of Classification

Assignments, G, states: "It is not the intent of either party to circumvent any certified hiring or promotional list, or the Merit System in general. Furthermore, whenever possible, the Appointing Authority shall choose employees for out-of-class appointments from the current hiring list for the particular job classification for which the employee is to be hired on an acting basis. If there is no appropriate current hiring list at the local facility or office complex, the State shall assign the out-of-class duty only to those employees who are qualified to take the examination for entry into that classification. Permanent employees who vacate positions to accept out-of-class assignments shall have a mandatory right of return to their former position and assignment, when possible, upon the conclusion of the out-of-class work."

BU 1, Contract: B; Authorization and Rate of Pay. Notwithstanding Government Code, Sections 905.2, 19818.8, and 19818.16, states in part: ". . . an employee may be temporarily required to perform out-of-class work by his/her department for up to 120 calendar days in any twelve consecutive calendar months."

Office of Personnel Services, Personnel Management Manual, Section 230.4, Employee Limits, states: "Rank and file employees are allowed to work OOC subject to the provisions/limitations of their Memorandum of Understanding (bargaining unit contract). Most contracts allow up to 120 consecutive calendar days in any 12 months . . . Since the contract provisions vary and are subject to renegotiation, it is important to refer to the current applicable contract to ascertain the specific OOC provisions/limitations. The DPA maintains current contract information at its internet website, www.dpa.ca.gov)." Original/Extension Requests.

Recommendation

- Document recruitment efforts on all OOC packages (including dates and details). Detailed information regarding how BU 06 employees meet the minimum qualifications (including time frames) should be documented on the OOC checklist. The date calculator or State pay period calendars (Std. 640) should be utilized to determine the correct to and from dates for all assignments and attached to all OOC packages.
- Send any OOC assignments beyond 120 days to OPS for approval.

3. Appointments

- LT appointments did not have justification attached to the RPA. Several appointments were made to classifications that require the Office of Personnel Services' approval. This is accomplished by submitting a Request for Certification (Std. 625), to Office of Personnel Services.
- One illegal appointment was noted when a Personnel Specialist was hired off a certification as LT and then was transferred to Personnel Specialist (P/FT). Several transfers did not have documentation to show that a transfer determination had been performed.

- The Personnel Action/Request for Admission (CDC 647) did not have any of the top boxes on the RPA checked (e.g., type of action), which makes it very difficult for the specialists to know what should be keyed. Also, boxes for supporting documents and pre-employment requirements are not checked; making it impossible to know if background clearances were submitted when required or if classes requiring a license/credential/certification were verified. Several requests were missing duty statements.

This condition results in improper use of LT appointments which could be construed as list circumvention and loss of delegation. It is possible that illegal hires are allowed if transfer determinations are not performed for all transfers and job requirements are not met (background/license/credential/certification). If the RPA is not filled out completely errors could occur when keying the appointment.

The Office of Personnel Services, Personnel Services Manual, Sections 200–210. Section 201, Hiring Process, Hiring Process Overview, and Pre-employment Clearances, states in part: “Mandatory pre-employment requirements exist for all new CDCR hires such as TB testing, Essential Functions Health Questionnaire, medical clearance, background investigation and citizenship status. These requirements must be satisfied prior to the appointment date” Section 204, Hiring Process, Adult and Juvenile Institutions, Request for Personnel Action – Part A- Position Action (RPA- Part A), states in part: “When a RPA is received in the Institutional Personnel Office for an adult institution...personnel staff are responsible for the following: review and approve RPAs for all position actions except for those requiring headquarters review. See Headquarters Classification Review (HCR) list. For the specific classes listed on the HCR list, submit a Std. 626 package to the Office of Personnel Services”

State Personnel Board, Personnel Management Policy and Procedures Manual, Section 331, Authority: 19080.3: “Prescribes the basic standards for making limited-term appointment of one year, and prescribes exceptions under which the board may authorize limited term appointments up to a total of two years’ duration. State Personnel Board Policy: As specified by Government Code, Section 19080.3, it is the policy of the State Personnel Board (SPB) that limited-term appointments are to be used only for limited-duration staffing needs. Such appointments must not be used to fill positions on an ongoing basis, since that circumvents consideration of those who are eligible for an interest in permanent jobs.” Personnel Management Standards, Duration and Extension, states in part: “The standard maximum duration for limited-term appointment is one year. However, such appointments may be extended for periods up to two years When an appointment to a position is made for less than the maximum period specified above, it may be extended to a total duration of up to two years when a department can fully justify their conclusion that use of a permanent appointment would lead to a need for layoff, demotion or mandatory transfer...and extend them to two years when the statutory requirements clearly have been met. Documentation must be retained for post-audit purposes.”

The HRC codes found in the CDCR pay scales explain what actions require OPS approval via a Std. 625.

Recommendation

- Ensure that Program supervisors provide proper documentation/justification to the Personnel Office for LT appointments in accordance with the PMPPM and document the information on the RPA.
- Ensure that the Personnel Office submits proper documentation to the Office of Personnel Services in accordance with the “HRC” list. All areas of the RPA should be completed making the request clear and concise.

D. Plant Operations

1. Work Orders

The Audits Branch reviewed 300 completed work orders for the months of December 2008 – March 2009 and noted the following deficiencies:

- Work orders were not completed. For example, they did not indicate corrective action taken, inmate time and asset number. This occurred on over 50 percent of the work orders tested.
- Procedures/task are not checked for documenting PM procedures.
- OP Manual number 37 references outdated forms.
- The work flow process is inefficient and does not adhere to OP 37. For example, the clerical staff is spending 2 to 3 hours per day receiving telephone work requests instead of institutional staff adhering to the OP 37 which requires completion of work request form for non-emergency maintenance work.

This condition results in an incompatibility with SAPMS, difficulty determining tasks performed, and no standardized work order process.

SAPMS guidelines and DPOMPM state in part: “. . . approved work request will be forwarded to the work order desk and logged in the standard work order request log When the tradesperson completes the labor and material portion of the work order, the work order is returned to the trade’s person’s supervisor . . . the supervisor will review the completed information and route to the work order desk Approved work request will be routed to Plant Operations work order desk and a computerized work order will be prepared . . .”

ASP’s OP number 37 purpose and objectives states in part: “It is the intent of this procedure to establish an orderly and uniform method of processing and accomplishing services requested of the Plant Operations.” Work orders from housing unit facilities are to be routed through the facility captain for approval and logging. The request will then be forwarded to Plant operations by; a) mail, b) hand deliver, or c) placed in a mail box.

Recommendation

Establish a review process which ensures that work orders are reviewed by supervisors. Analyze the work flow process with the objective of improving efficiency and update OP number 37.

2. Cross Connection Program (Backflow)

The Audits Branch noted the following deficiencies regarding the cross-connection program (i.e., backflow):

- There is no master list which identifies the location, serial numbers, manufacturer, and the number of back flow devices that are to be tested annually.
- The Audits Branch was not provided asset history reports.
- There is no published cross-connection schedule for 2008 or 2009. As a result, the Audits Branch could not determine whether backflow devices were tested on an annual basis. One field test was received and reviewed on August 28, 2008. It should be noted that the device failed. However, it was repaired.

This condition results in difficulty determining whether backflow tests have been performed.

CPC, Section 603.3.2, states in part: "The premise owner or responsible party shall have the backflow prevention assembly tested by a certified backflow assembly tester at the time of installation, repair, or relocation and at least on an annual schedule thereafter or more often when required.

SAPMS guidelines states in part: ". . . establish an effective and efficient (PM) procedure. This procedure must establish the systematic maintenance of all major institutional facilities and equipment."

California Department of Health Services (DHS) Drinking Water and Environmental Management Division recommends that test results should be kept on file in a central location. City of Avenal Notice dated September 5, 2008, states California Administrative Code (Title 17, Chapter 5, sub-chapter 1, group 4, article 3-7605 requires that backflow prevention devices be tested at least once a year. Repairs or replacement must be made if the device is defective, and records of test, repairs and overhauls be kept and available to the purveyor (City of Avenal).

Recommendation

Create a master listing or use plot plans to identify all locations of devices. Maintain accurate data within the SAPMS and test backflows on an annual basis. Monitor the process to ensure compliance.

3. Emergency Generators

Documentation of testing and maintenance of the emergency generators is inadequate. The Audits Branch noted the following deficiencies:

- Logs maintained by ASP Electricians do not reconcile with the SAPMS database.
- Logs do not adhere to IMU guidelines regarding load bank test.
- The cost of PM is not standardized within the FC data base.
- The locations of the generator are inaccurate, based on the database. For example, the electrified fence generator is located in building 309 instead of the Outpatient Housing Unit (OHU) as indicated in the database.
- Information required under permit requirements is not logged and recorded, such as, the sulfur content of the diesel fuel.
- Monthly PM reflects a monthly test instead of a weekly test

This condition could result in late detection of problems with the emergency generators. In addition, it could be difficult to determine and validate whether emergency generators are tested timely. Also, no information may be available for equipment history when making decisions to repair/replacement.

IMU memorandum, "Emergency Power Generator Systems," dated December 21, 1999 directs institutions to conduct load bank tests on emergency generators and recommends that the institution incorporate all assets and tasks into the SAPMS.

PERMIT UNIT REQUIREMENTS San Joaquin Valley Air Pollution Control District (SJVAPCD) permit unit C-195-10-1, Section 7, states: "The permittee shall maintain records of hours of emergency and non-emergency operation. Records shall include the date, the number, of hours of operation, the purpose of the operation (e.g. load testing, weekly testing, rolling blackout, general area power outage, etc.) and the sulfur content of the fuel used. Such records shall be retained on-site for a period of five years and made available for district inspection upon request. [District Rules 1070, 2520, 9.4.2, 4701, 6.2.2, and 6.2.3.] Federally enforceable through Title V permit."

Recommendation

Ensure that logs and locations for emergency generators reconcile with the SAPMS database. Review the IMU guidelines. Provide training and monitor the process for compliance.

4. PM

The Audits Branch noted that the methods of a PM program are not adhered to. For example:

- During the period sampled, (October 2008 through March 2009), 6,895 PM work orders were generated, of which 40 percent are placed into, deferred and can not complete categories.
- PM procedures have not been approved by the Associate Warden, Business Services and the Warden.
- Asset history reports are not requested, reviewed and reconciled by supervisors.
- A PM program is not adhered to in the Main Kitchen, based on the 33 assets sampled. The Audits Branch requested asset history reports but reports were unavailable.
- Equipment/assets are not clearly identified with the standard equipment code on each piece of equipment (SAMPS tags). This condition was noted in food services where 100 percent of the assets tested are not tagged.
- Institutional goals are not met by the Locksmith, Painters, Plumbers, Carpenters, Electricians, and Electronic Technicians per their duty statement.
- The essential duties and responsibilities state that 20 to 45 percent of their time is to be spent performing PM. However, the POM report indicates that .08 to 9.5 percent is spent performing PM.
- The freezer at five yard has not been adequately maintained. For example, there is major ice build up on the doors, walls, condensers, fans, and motors.

This condition could decrease efficiency, increase downtime, and result in additional costs due to repairs. Additionally, this issue could cause serious injuries from slips, trips, and falls.

DPOMPM and SAPMS guidelines, state in part, “. . . establish an effective and efficient PM procedure. This procedure must establish the systematic maintenance of all major institutional facilities and equipment Without such program equipment will wear out prematurely, structures will deteriorate, and the efficient function of the facility will be compromised.”

California Uniform Retail Food Facility Law, Section 114050, states in part: “All food facilities and all equipment, utensils and facilities shall be kept clean fully operative and in good repair.”

ASP’s OP 82, states: “Procedures will be enforced by all Plant Operations Supervisors’ and the Staff Services Analyst (SSA) will ensure this procedure is carried out on a daily basis.”

Recommendation

Review the overall PM program for equipment at ASP. Assess the workload requirements of plant staff and implement recommendations as necessary to meet the broad objectives of PM.

5. POM Report

The POM does not accurately reflect Plant Operations activities based on the period sampled (October 2008-March 2009). For example:

- The total amount of hours used is understated by over 10,000 hours.
- The Electronic Technician, Electricians, Plumbers, Motor Pool, Stationary Engineers, Painters and Carpenters are not meeting minimum hours for the pay period.
- There are over 1,500 hours of overtime at a cost of over \$70,000 which is not captured.
- Inmate labor is not captured.
- Priorities may be inaccurate. For example, a Priority 3 designation is used instead of a Priority 5 for in-house projects

This condition may result in inaccurate reports provided to institutional management and Central Office Maintenance Unit SAPMS.

DOM, Section 11010.21.4, states in part, "Compile information for monthly reports as appropriate."

Recommendation

Route, validate, and review reports for accuracy to determine that they accurately reflect Plant Operations activities.

E. Procurement

1. CDC 954s

CDC 954s are not always signed by an individual who is at a level of a Correctional Business Manager II or above. This was noted on 7 of the 40 CDC 954s reviewed.

This condition could result in management not being aware of all purchases made by the Institution.

The Memorandum dated September 17, 2004, Essential Procurement Signature Levels, states in part: "Hiring Authorities, however, may allow a designee to sign the certification statement on their behalf; however the designee must be at the level of a Staff Service Manager III, Correctional Business Manager II or above."

Recommendation

Ensure that all CDC 954s are routed to the Correctional Business Manager II or higher for approval.

2. Purchase Orders

Network printers, licenses and hard drives were purchased without the approval of the EIS. Additionally, the Desktop and Mobile Computing Justification, Form CDC 1855 was not always prepared for approval. This was noted on six purchase orders.

This condition makes it difficult to determine whether the acquisition of computing commodity is adequately justified, certified and approved. This condition could result in the loss of purchasing delegation.

DOM, Section 48010.4.8, Procurement, states: "During the acquisition of workgroup computing technologies, a procurement process will follow and/or parallel the workgroup computing authorization process.

Responsibilities of Procurement:

- The necessary procurement documents are completed and the acquisition is completed in conformance with the PCC and departmental policies and procedures.
- Information technologies procurements have been authorized. For workgroup computing technologies, this means ensuring that the Workgroup Computing Coordinator has an approved CDC Form 1855 on file, and that the procurement documents have appropriately referenced this Form."

Recommendation

Complete CDC Form 1855 and submit it to EIS prior to issuing purchase orders.

3. Shredder

There are no records to support that management approved the purchase of a shredder.

This condition could result in loss of purchasing delegation.

DOM, Section 14060.7, Records Equipment Purchases, states: "Record equipment purchases may be made for vertical shelf, mobile, specialized files, shredders, micrographic, or optical disk equipment. Complete and forward to the Records Coordinator (RC) the appropriate purchase document as follows:

- Headquarters and DAPO units shall submit a CDC Form 954, Interoffice Requisition.
- Institutions/facilities shall submit a Std. Form 65, Contract/Delegation Purchase Order, or Std. Form 66, Purchase Estimate.
- A completed CDC Form 1298, Records Equipment Justification.
- Specifications, vendor brochures, or sole source justifications shall be included, if appropriate. The CDCR is mandated to support Prison Industry Authority (PIA) programs. Should equipment that is available through PIA be

requested for purchase from a vendor other than the PIA, a waiver must be obtained from PIA and submitted with the purchase order or requisition.”

Recommendation

Complete the CDC 1298 and submit to the Records Management Coordinator prior to initiating the Purchasing Authority Purchase Order Std. 65.

F. Garage (Prior Finding)

Routine PM is not performed on vehicles. For example, PM on five of the ten vehicles was not done in a timely manner (seven to fourteen months late).

This condition results in late detection of irregularities.

SAM, Section 4107, Maintenance, states: “It is the responsibility of agencies/departments to insure compliance with minimum preventive maintenance standards for state-owned mobile equipment. This includes, but is not limited to, prescribed lubrication service and mechanical inspection on a mileage or time basis.”

Recommendation

Ensure vehicles receive routine PM on a regular basis in accordance with SAM.

IV. POLICIES AND PROCEDURES

A. Pest Control

The following deficiencies are noted regarding pest control:

- There is no institutional approved operating procedure which promulgates the purpose, approval and review, regulatory oversight and notifications and a facility process to track the usage of all structural pesticides etc.
- Staff and inmates are not notified prior to application of pesticides/insecticide.
- Flammable chemicals are maintained on wooden shelves.
- Incompatible substances are maintained on the same shelf.
- The MSDS binder is not user friendly. It does not contain an index page for easy retrieval of MSDS.

This condition could result in exposing staff and inmates to potentially harmful chemicals.

CCR, Title 15, Subchapter 5, Article 1, Section 3380(c), states in part: “Subject to the approval of the Wardens, Superintendents and parole Region Administrators will establish such operational plans and procedures as are required for

implementation of regulations and as may otherwise be required for their respective operations Such procedures will apply only to the inmates, parolees, and personnel under the administrator.”

Bargaining Unit 1 Agreement, states: “Whenever a department utilizes a pest control chemical in a state owned or managed building/grounds, the department will provide at least forty-eight hours notice prior to application of the chemical, unless an infestation occurs which requires immediate action. Notices will be posted in the lobby building and will be disseminated to building tenant contacts.”

Recommendation

Develop a written procedure outlining the tracking, notification and monitoring.

V. TRAINING

A. Plant Operations

The SAPMS training was inadequate, and current data was not maintained in the FC database. Additionally, there are no trained back-up personnel within Plant Operations for the automated system.

This condition could result in staff not following current policies, procedures and practices.

DOM, Section 32010.5, states in part: “Job-required training is designed to assure adequate performance in a current assignment. This includes orientation training made necessary by new assignments or new technology, refresher training, and training mandated by law or other State authority....”

DOM, Section 32010.10, states in part: “It is a condition of employment that all employees complete the training required for their job classification/position....”

DOM, Section 11010.12.4.4, states: “The Facilities Maintenance Unit is responsible for the development, implementation, administration, support of the SAPMS”

DOM, Article 2, Section 41020.2, states in part: “. . . the purpose of this policy is to ensure that departmental resources and information technology are used optimally in achieving the Department’s mission and goals, and objectives. Additionally, this policy assures that the uses of information technology follow the guidelines established internally by CDC management and externally by State control agencies.”

DOM, article 3, Section 41030.4, states: “. . . to provide training to all electronic data processors (EDP) staff to ensure staffs overall effectiveness, success and efficiency in providing automated solutions to departmental business problems.”

Recommendation

- Provide adequate training.
- Document the training.
- Utilize the SAPMS analyst as the Plant Operations primary electronic data/information technology delivery system.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

AVENAL STATE PRISON

GLOSSARY

ASP	Avenal State Prison
BU 06	Bargaining Unit 06
CAP	Corrective Action Plan
CCR	California Code of Regulations
CDC 647	Personnel Action/Request for Admission
CDC 998-A	Employee Attendance Record
CDCR	California Department of Corrections and Rehabilitation
CPC	California Plumbing Code
DHS	Department of Health Services
DOM	Department Operations Manual
DPA	Department of Personnel Administration
DPOMPM	Departmental Plant Operations Maintenance Procedures Manual
EIS	Enterprise Information Services
FC	Facility Center
FLSA	Fair Labor Standards Act
GC	Government Code
HRC	Headquarters Classification Review
IIPP	Injury and Illness Prevention Plan
IMU	Institutions Maintenance Unit
ISU	Information Security Unit
IST	In-Service Training
LT	Limited Term
MIRS	Management Information Retrieval System
M&SS	Materials and Stores Supervisor
MSDS	Materials Safety Data Sheet
NFPA	National Fire Protection Association
OAC	Office of Audits and Compliance
OHU	Outpatient Housing Unit
OP	Operational Procedure
OOC	Out of Class
OPF	Official Personnel File
OPS	Office of Personnel Services
PAR	Personnel Action Request
PCS	Property Control System
PIA	Prison Industry Authority
PM	Preventive Maintenance
PMPPM	Personnel Management Policy and Procedure Manual
POM	Plant Operations Maintenance
PPAS	Personnel Post Assignment Systems
PPM	Payroll Procedure Manual

PSOM	Personnel Services Operations Manual
SAM	State Administrative Manual
SAPMS	Standard Automated Preventive Maintenance System
SCO	State Controllers Office
SPB	State Personnel Board
Std. 625	Request for Certification
RPA	Request for Personnel Action

SAMPLE FORMAT CORRECTIVE ACTION PLAN				
Item #	Audit Finding	Responsible Personnel	Proposed Action	Date to be Completed
A.1	<p>WRITTEN NOTICE</p> <p>Of the 30 records reviewed, 24 (80 percent) contained a clearly stated date and reasons for placement in part I, Notice of Reasons for Placement date. The remaining three records failed to clearly document the reason for placement in sufficient detail to enable the inmate to prepare a response or defense.</p>	<p>Facility Captain Do Not use individuals names and do Not use Acronyms.)</p>	<p>A. Facility Captains will ensure that each inmate placed in Administrative Segregation will have the placement date included on all CDC 114-Ds processed.</p> <p>B. Training will be provided by the Facility Captains to ensure sufficient information is documented in abundant detail in order for an inmate to articulate a response or defense</p>	2/2/2006

California Department of Corrections and Rehabilitation
Office of Audits and Compliance
Information Security Office



Information Security Review

AVENAL STATE PRISON

APRIL 6 through APRIL 17, 2009

INFORMATION SECURITY OFFICER

Allen J. Pugnier

Draft Information Security Compliance Review Draft
Avenal State Prison
April 13 - 17, 2009

The Office of Audits and Compliance (OAC) Information Security Branch (ISB) conducted an Information Security Compliance Review of Avenal State Prison (ASP) April 13, through April 17, 2009. The review covered 18 different areas. ASP is compliant in 11 areas, partially compliant in 5 areas, and non-compliant in 2 areas. The overall score is 87 percent. The chart below details these findings.

FINDINGS SUMMARY:

		Score	Compliant	Partial Compliance	Non Compliant
STAFF COMPUTING ENVIRONMENT					
1.	1857 on file.	59%			NC
2.	Annual Self-Certification of Information.	75%		P	
3.	Information security training is current.	87%		P	
4.	Staff can log on using their own password.	100%	C		
5.	Security Awareness and Confidentiality forms are on file	87%		P	
6.	Physical location of computer agrees with inventory records.	100%	C		
7.	Staff computer labeled "No Inmate Access."	87%		P	
8.	Staff monitors are not visible to inmates.	100%	C		
9.	Anti virus updates are current.	91%	C		
10.	Security patches are current.	70%		P	

INMATE COMPUTING ENVIRONMENT (Education, Library, Clerks)					
11.	Physical location of CPUs agrees to inventory records	100%	C		
12.	Computer labeled as an inmate computer.	100%	C		
13.	Anti virus updates are current.	18%			NC
14.	Inmate monitors are visible to supervisor.	100%	C		
15.	Portable media is controlled.	100%	C		
16.	Telecommunications access is restricted.	100%	C		
17.	Operating system access is restricted.	100%	C		
18.	Printer access is restricted.	93%	C		

Test Totals

11	5	2
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Overall Percentage 87%

Draft Information Security Compliance Review Draft
Avenal State Prison
April 13 - 17, 2009

OBJECTIVES, SCOPE AND METHODOLOGY

The objectives of the Information Security Compliance Review are to:

- Assess compliance to selected information security requirements.
- Evaluate other conditions discovered during the course of fieldwork that may jeopardize the security of information assets of the facility or of the Department.
- Provide information security training for management and staff.

The Information Security Branch (ISB) did not review any Prison Industry Authority computers.

In conducting the fieldwork, the ISB performs the following:

- Interview members of senior management, information technology staff, institutional staff, and computer users.
- Ask staff to provide evidence that all authorized computer users have Acceptable Use Agreement forms and the appropriate training support documentation on file.
- Tests selected information security attributes of users and IT equipment using three different population samples. This includes both staff and inmate computing environments.
- Review various laws, policies, procedures, related to information security in a custody environment.
- Conduct physical inspections of selected computers.
- Observe the activities of the Information Technology support staff.
- Analyze the information gathered through the above processes and formulate conclusions.

FINDINGS AND RECOMMENDATIONS

The ISB provided a copy of our review guide to your IT staff. It contains audit criteria and a detailed methodology. That information, therefore, is not duplicated under each finding.

ISB's findings and recommendations are listed below. ISB staff discussed them with management in an exit conference following our fieldwork. Please contact us if you would like to discuss further, any of these issues.

Draft Information Security Compliance Review Draft
Avenal State Prison
April 13 - 17, 2009

1. The Computing Technology Use Agreements (CDC 1857) are not on file for all computer users. (59 percent compliance)

Recommendation: Require all staff users to complete CDC 1857 before being granted computer access. All Contractors, volunteers, or visitors who use California Department of Corrections and Rehabilitation (CDCR) computers are required to complete an Information Access and Security Agreement Form (CDCR-ISO-1900) before being granted access. (DOM, Sections 48010.8 and 48010.8.2.)

Best Practice: Required forms can be found on the Information Security Office's intranet web site. <http://intranet/PED/Information-Security/>

2. The Security Awareness Self-Certification and Confidentiality Agreement form is not on file for all computer users. (75 percent compliance)

Recommendation: Require all computer users to self-certify their information security awareness and confidentiality agreement on an annual basis using form CDCR ISO-3025 or equivalent. (DOM, Section 49020.10.1.)

Best Practice: Required forms can be found on the Information Security Office's intranet web site. <http://intranet/PED/Information-Security/>

3. Information Security training is not current for all computer users. (87 percent compliance)

Recommendation: Review information security training procedures and training records maintenance. Require that all computer users receive annual information security training. Require appropriate documentation of the training. (DOM, Sections 49020.14.1 and 41030.1.)

Best Practices: The Security Awareness Training material can be found on the Information Security Office's intranet web site. <http://intranet/PED/Information-Security/>

Draft Information Security Compliance Review Draft
Avenal State Prison
April 13 - 17, 2009

4. All staff monitors and computers are not correctly labeled “No Inmate Access.” (87 percent compliance)

Recommendation: Each computer in a facility shall be labeled to indicate whether inmate access is authorized. (Title 15 3041.3(d)), (DOM, Sections 49020.18.3 and 42020.6; and ISA 7.3.12.)

Best Practice: Affix appropriate labels to both the monitor and the CPU.

5. All staff computers do not have up-to-date security patches. (70 percent compliance)

Recommendation: Update security patches on all staff computers. (DOM, Section 48010.9.)

6. All inmate accessed computers do not have up-to-date antivirus software. (18 percent compliance)

Recommendation: Update antivirus software on all inmate computers. (DOM, Section 48010.9.)

OTHER OBSERVATIONS:

Observation 1: Critical data, in some areas, is not being backed up.

Recommendation: Each department manager should identify all data that is critical to their operations, including locally developed databases, and develop back-up and restoration procedures. A back up schedule should be established and enforced. (DOM, Section 48010.9.3.)

Observation 2: Inmate printer access is not restricted. As per DOM, inmates should not have direct access to printers.

Recommendation: Reports and other printed output from inmate-utilized computers shall be retrieved and reviewed by staff, and appropriate distribution of such output shall be closely monitored. (DOM, Section 49020.18.3.)

CORRECTIVE ACTION PLAN
ACTION SOURCE: Education Compliance Review
November 17-21, 2008



Education Compliance Branch

Raul Romero
Associate Superintendent

Valarie Anderson
Vice-Principal

Beverly Penland
Vice Principal

Follow Up Compliance Review Visit

April 13-17, 2009
Avenal State Prison



James Hartley, Warden



ASP CAP Comparative Overview

Two hundred and eighty-four education items were reviewed during the original on-site visit. The results of the review noted 207 items in compliance with 77 not in compliance resulting in an **Overall score 73%**.

Following this current Corrective Action Plan Review, **36** additional items are now in compliance and **37** items remain not in compliance resulting in a **new overall score of 87%**. (Please note that two Pre-Release questions were made Not Applicable and thus the total items reviewed were reduced to 282)

CONGRATULATIONS: ASP has improved to an education operation total score of:

87%

CATEGORIES	PERCENTAGE OF CAP COMPLIANCE
Education Administration	P/R 74% = 89%
Academic Education	P/R 60% = 79%
Vocational Education	P/R 61% = 90%
Library/Law Library	P/R 82% = 93%
Federal Programs	P/R 84% = 87%
Special Programs*	N/A %
Total:	73% = 87%

Sincerely,

Beverly Penland

Valarie Anderson

Raul Romero

Please continue to work on the 37 remaining items that are not in compliance. Please keep us informed via email on any progress made or roadblocks encountered.

AVENAL STATE PRISON

Compliance Review Audit for November 17-21, 2008

CORRECTIVE ACTION PLAN REVIEW

Reviewed by Beverly Penland, Valarie Anderson, Raul Romero

April 13-17, 2009

Item	Question (in bold) and Deficiency	Corrective Action Required	By Whom	ASP's Proposed Action Plan	Completion Date	ECB Review Findings 4-17-09
EDUCATION ADMINISTRATION SECTION						
8	Are the Education Monthly Report and the Education Daily Report accurate and being completed and submitted on a timely basis? Education Monthly Reports are being submitted with some inaccuracies	Data input on EMR needs to be accurate. Review for accuracy and train staff accordingly and as needed.	Pehrson Braly Braly	Train Staff – Principal's Meeting Review EMR monthly; Make appropriate changes Train staff as needed	12/19/08 Completed 2/15/09 On-going	4/17/09-Not In Compliance The Office of Correctional Education introduced a new Education Monthly Report and ASP staff is diligently working to ensure accuracy of data but there are areas that still need improvement. The Principal is taking steps to have staff master the new format and reduce/eliminate errors.
10	Are all instructional and supervisory staff credentialed appropriately within subject matter area where they are assigned? One teacher was in an elementary position number with a secondary credential. One supervisor did not have the prerequisite credential on file. Another supervisor's credential on file was expired.	All credentials must be valid and filed appropriately	Javaux Javaux Javaux	Move teacher to appropriate position number Update credential files with current copies Review credentials on monthly basis. Send letters to those expiring at 12 mos/6 mos/ 3 mos/ and 1 mo.	Completed Completed On-going	4/14/09 In Compliance The one teacher that was in an elementary position number with a secondary credential is now in a high school position number. The one supervisor's prerequisite credential that was not on file was located and placed in the in the credentials file. The other supervisor expired credential has been renewed.

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Item	Question (in bold) and Deficiency	Corrective Action Required	By Whom	ASP's Proposed Action Plan	Completion Date	ECB Review Findings 4-17-09
16	Are all staff appropriately working/assigned within the education program? Three teachers are performing adjunct teacher duties but ASP only has two adjunct positions. Third position identified is the High School Diploma Program/College Coordinator.	Review staff assignments. Review positions for proper placement. Third position was identified as there were less than 120 HSD students and college students do not count in student:teacher ratio.	Braly	Teachers are assigned appropriately. There are only 2 adjunct positions. College Coordinator is also HSD teacher via Independent Study. ASP averages over 120:1 ratio for I/S including HSD program.	Completed – No Changes necessary	4/17/094-Not In Compliance The college Distance Education teacher serving as college coordinator remains essentially the same as our last review. Coordinator There is a teacher designated as Distance Learning teacher. However the teacher is called the High School Coordinator/College Coordinator. Most of the students served are college students and for various reasons, there have been no high school transcripts//diplomas issued since our last visit. All stakeholders are aware of the college issue.
18	Is the Bridging Education Program Reception Center/General Population/Arts In Corrections fully staffed with supervisory, instructional and ancillary personnel? Vacant Artist Facilitator position.	Fill all positions, specifically the vacant Artist Facilitator.	Javaux	Submit Freeze exemption for Artist Facilitator No further action until freeze exemption is received	Completed	4/17/094-Not In Compliance The Artist Facilitator position is still vacant. There are coordination problems in the hiring approval process with OCE as well as lack of candidates.

AVENAL STATE PRISON

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Item	Question (in bold) and Deficiency	Corrective Action Required	By Whom	ASP's Proposed Action Plan	Completion Date	ECB Review Findings 4-17-09
27	<p>Are all of the Alternative Education Delivery Models being locally implemented at the institution in agreement with the California Correctional Peace Officers Association agreement and the institutional Operational Procedure per the Suzan Hubbard memo dated May 5, 2005?</p> <p>The Distance Learning Model is not being implemented due to TLN not being operational.</p> <p>Funding is not provided for a full time college coordinator and one adjunct teacher is being used as such. His assignment should be clarified.</p>	<p>Implement Distance Learning Model in accordance with approve AEDM models and OP94.</p> <p>Allegations of Full Time College Coordinator is inaccurate – College Coordinator is also the High School Diploma Program Coordinator, which is approved, but running under the 120:1 quota.</p>	<p>Kelty</p> <p>Braly</p>	<p>Move satellite Provide schedule for TLN in housing units Assign Distance Learning responsibilities to teacher</p> <p>College Coordinator – See #16</p>	<p>4/1/09 5/1/09 4/15/09</p> <p>Completed</p>	<p>4/17/094-Not In Compliance</p> <p>The Distance Education Teacher is not operating in accordance with the CCPOA AEDM Agreement. The perceived “allegation” is not an allegation but based on documented facts. The majority of the time devoted by the Distance Teacher is remains devoted to college. The high school component is only secondary and accounts for less than half of the participating inmates.</p>

AVENAL STATE PRISON

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Item	Question (in bold) and Deficiency	Corrective Action Required	By Whom	ASP's Proposed Action Plan	Completion Date	ECB Review Findings 4-17-09
34	<ul style="list-style-type: none"> Are Certificates of Vocational or Academic Completion being issued to those students earning them and recorded on a tracking system? Are Certificates of Achievement issued to those students who exit the program before the Certification of Completion is earned? <p>Certificates of Achievement are not always issued to students who exit a program prior to completion, especially in the Pre-Academic Classes (PREP).</p>	<p>Issue Certificates of Achievement to all students that are unassigned prior to completion of the program.</p> <p>Review PREP procedures to comply with mandates.</p>	<p>Braly</p> <p>All Sups</p> <p>Braly</p> <p>Braly</p>	<p>Train sups on responsibility re: certificates of achievement</p> <p>Train Staff on Expectations</p> <p>Review reports monthly for compliance</p> <p>Review for sups compliance</p>	<p>2/1/09</p> <p>2/4/09</p> <p>3/1/09</p> <p>3/15/09</p>	<p>4/14/09-Not of Compliance</p> <p>There is still at least one teacher that is not properly issuing Certificates of Achievement.</p>
38	<ul style="list-style-type: none"> Does the Academic Vice-Principal/Vocational Vice-Principal provide documented In-Service-Training and On-the-Job-Training? Are all probationary and annual performance evaluations currently due completed? <p>Some probationary and annual performance evals are overdue</p>	<p>Review all evaluations and probationary reports. Complete all those that are currently due/past due bringing this area into compliance.</p>	<p>Javaux</p> <p>Javaux</p> <p>All Sups</p> <p>Braly</p>	<p>Review all evaluations for being current</p> <p>Maintain schedule/TIC</p> <p>Evaluations are to be completed monthly</p> <p>Hold sups accountable</p>	<p>Completed</p> <p>On-going</p> <p>On-going</p> <p>On-going</p>	<p>4/14/09 In Compliance</p> <p>Probationary and performance evaluations are up to date.</p>

AVENAL STATE PRISON

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Item	Question (in bold) and Deficiency	Corrective Action Required	By Whom	ASP's Proposed Action Plan	Completion Date	ECB Review Findings 4-17-09
39	<p>Are supervisors documenting contact with staff and inmates in bridging?</p> <p>Supervisors do not meet with inmates in the Bridging Program and log their contact.</p>	<p>Schedule reviews with Bridging Students. Ensure appropriate Bridging Services are being provided.</p>	<p>Moser</p> <p>Moser</p> <p>Braly</p>	<p>Create & schedule meetings – write GHAS procedure for process.</p> <p>Meet with Bridging Students Semi-annually</p> <p>Education Open line on yard for all education issues</p>	<p>4/1/09</p> <p>5/1/09 On-Going</p> <p>On-going By 6/1/09</p>	<p>4/14/09 In Compliance</p> <p>Supervisors are now meeting with inmates in the Bridging Program and log their contact.</p>
45	<p>Is there a continuing Western Association of Schools and Colleges process being followed by the school with the action plans being actively addressed in a timely manner?</p> <p>Is there a leadership team in place and do minutes substantiate regular meetings?</p> <p>The leadership team stopped meeting after the last WASC Visiting Committee report several months ago.</p>	<p>Establish regular Leadership Team meetings and maintain minutes of those meetings.</p>	<p>Herrera</p>	<p>Leadership meetings are ongoing – meet minimum of quarterly</p> <p>3-year review completed 2008</p> <p>Meetings must be aligned with new contract – no class closures</p>	<p>On-going</p> <p>-</p> <p>On-going</p>	<p>4/14/09 In Compliance</p> <p>The leadership team has now been meeting after the last WASC Visiting Committee report several months ago.</p>
52	<p>Has the TLN Satellite dish been installed and operational?</p> <p>The TLN satellite has not been operational for more than two years.</p>	<p>Have TLN satellite moved to new location and make operational. Implement Distance Learning program that utilizes TLN</p>	<p>Kelty</p>	<p>See # 27 above</p>		<p>4/17/094-Not In Compliance</p> <p>The TLN Satellite remains inoperable. Recommended that further discussions take place between the Principal and OCE since the lack of an operable satellite impacts many areas of the AEDM.</p>

AVENAL STATE PRISON

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CORRECTIVE ACTION PLAN REVIEW

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April 13-17, 2009

Item	Question (in bold) and Deficiency	Corrective Action Required	By Whom	ASP's Proposed Action Plan	Completion Date	ECB Review Findings 4-17-09
56	<p>Is there a High School credit program and General Educational Development Testing program that follows Office of Correctional Education and State requirements?</p> <p>Are High School Diplomas and General Educational Development Equivalency Certificates issued to qualified inmates?</p> <p>No High School Credits are being issued.</p>	<p>High School Program is not required. Students enrolled in High School Diploma Program receive credits.</p> <p>Establish revised policy that includes the issuance of credits for all programs.</p>	McIlwain	<p>Write GHAS procedure for applying and recording credits</p> <p>Train Staff Accordingly</p>	<p>4/1/09</p> <p>5/1/09</p>	<p>4/17/094-Not In Compliance</p> <p>There is commendable progress towards issuance of credits. However, we cannot measure until the next quarterly reporting period by teachers is completed.</p> <p>ASP stopped processing for diplomas and has not resumed the process even though OCE has provided instructions to continue with the high school program process.</p>

AVENAL STATE PRISON

Compliance Review Audit for November 17-21, 2008

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April 13-17, 2009

Item	Question (in bold) and Deficiency	Corrective Action Required	By Whom	ASP's Proposed Action Plan	Completion Date	ECB Review Findings 4-17-09
58	<ul style="list-style-type: none"> Do all of the quarterly California Department of Corrections and Rehabilitation Form 128E and Form 154 (and/or other official student school transcripts) reports contain current and appropriate information that includes credits earned, course completions, etc.? Does the appropriate instructional staff sign all of the above reports? (Supervisory staff when instructional staff is not available.) <p>Does supervisory staff (Academic Vice-Principal/Vocational Vice-Principal) review these reports? Credits are not being recorded</p>	<p>High School Program is not required.</p> <p>Students enrolled in High School Diploma Program receive credits.</p> <p>Establish revised policy that includes the issuance of credits for all programs.</p>	McIlwain	<p>Write GHAS procedure for applying and recording credits</p> <p>Train Staff Accordingly</p>	<p>4/1/09</p> <p>5/1/09</p>	<p>4/17/094-Not In Compliance</p> <p>Credits are not being recoded yet even though process and training has begun and academic teachers are to be issuing credits. It is expected that credits academic credits will be recorded in the next Education Quarter 128-E Reports. The academic credits have been aligned with the new academic curriculum and there are steps planned to address the issuance of vocational credits. We will revisit the progress in August, 2009.</p>

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April 13-17, 2009

Item	Question (in bold) and Deficiency	Corrective Action Required	By Whom	ASP's Proposed Action Plan	Completion Date	ECB Review Findings 4-17-09
59	<ul style="list-style-type: none"> • Are Education Files with a copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation Form 154) transferred to Central Records when a student leaves education, transfers or paroles? • Is there a copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation Form 154 or High School Transcript) kept in the Education Office files in perpetuity? • Are Education Files prepared for all assigned inmates? • Are Bridging Education Program Education Files prepared for all assigned bridging students in the Reception Center and are they then transferred to the General Population receiving institution? <p>Copies of the 154 card have only been started to be kept in perpetuity approximately one week earlier.</p>	Maintain copies of 154 cards (Transcripts) in perpetuity.	Bravo Bravo/McIlwain	Maintain copies of 154 cards Create dBase for tracking transcripts	Completed 6/1/09	<p>4/14/09 In Compliance</p> <p>Copies are being maintained even though there still no measurable credits or course completions data included. This area will be revisited for review in August, 2009.</p>

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62	Is there an active Site Literacy Committee that meets and documents quarterly meetings, and is it coordinated by the Principal or an Academic Vice-Principal? The Site Literacy Committee has just been reinstituted. There are no recent quarterly minutes.	Committee is now active. Maintain minutes of meetings.	Pehrson	Schedule meeting and establish schedule	Completed Meetings on-going	4/14/09 In Compliance There are now Site Literacy Committee schedules and minutes maintained.
63	Does the Site Literacy Committee discuss the Bridging Program as part of its quarterly meetings? No recent quarterly minutes as the committee has just recently been re-established.	Committee is now active. Maintain minutes of meetings.	Pehrson	Include Bridging in quarterly meetings	On-going	4/14/09 In Compliance Quarterly Site Literacy Committee minutes are now maintained.
64	Is the institution utilizing at least two alternate resources to implement literacy services for inmates? The EMR is only listing Independent Study. As Independent Study is part of the education programs, it does not qualify as an alternate resource.	Break out literacy services to show actual services being provided. Record additional services, such as Library, Pro American Literacy, Peer Tutoring, etc.	Pehrson All Sups	Update Monthly Report to include minimum of 2 literacy programs Review additional literacy options as appropriate	Completed On-going	4/17/094-In compliance There February 2009 ENR indicates two alternative resources to implement literacy requirements of Penal Code 2053.1. Those listed are the Library Literacy Bok Club and the Infirmary Voluntary Literacy.

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74	<ul style="list-style-type: none"> Is there a Recidivism Reduction Strategies expenditure tracking log maintained by the Principal for the purposes of identifying equipment or materials purchase or provided to the institution for assessments as identified in the Recidivism Reduction Strategies Budget Change Proposal? Are inventories of Recidivism Reduction Strategies equipment maintained and current? <p>No RRS equipment inventories maintained.</p>	Update RRS inventory and maintain in Education Office.	Reith	Compile RRS inventory and maintain in Education Office	3/1/09	<p>4/14/09 In Compliance</p> <p>There is a tracking system now in place for RRS equipment.</p>

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ACADEMIC EDUCATION SECTION						
2	<p>Do all the of classroom files reflect Test of Adult Basic Education scores that are being administered according to the quarterly testing matrix and that are not over six months old for students under the California Department of Corrections and Rehabilitation Literacy Plan criteria and Office of Correctional Education Test of Adult Basic Education requirements?</p> <p>There are Test of Adult Basic Education (TABE) testing practices that are inappropriate such as one Adult Basic Education II teacher in Facility II that posts tests of all students even if they are not on the post testing list. Some students assigned to school are only administered the TABE reading section rather than the full Test of Adult Basic Education battery.</p>	Students will be TABE tested in accordance with OCE approved quarterly testing matrix. Students will be tested using the full battery TABE test	Herrera Gipson	<p>Provide staff training on appropriate TABE testing procedures and Quarterly Testing Matrix.</p> <p>Test in accordance with matrix using Full Battery TABE test.</p>	<p>4/1/09</p> <p>4/1/09</p>	<p>4/14/09 In Compliance</p> <p>The Testing Coordinator prints out the Testing Matrix list each quarter and distributes to the teachers. Most teachers check their class list to confirm all Test of Basic Education scores are within six months and if not add them to the list that was printed by the Testing Coordinator. One teacher was waiting for a test on a student whose previous TABE test date was October 2008 That student was not added to the March 2009 matrix quarter testing.</p>

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4	Is 100% of the California Department of Corrections and Rehabilitation curriculum recording system in-use, accurate, and current? The Adult Basic Education Prep classes are not using the 128E for all their students. One class does not use them at all with a reason given that they have too many students with a rapid turnover rate.	All students will be issued a 128E upon termination from a class. This action and the issue identified has nothing to do with this Audit question, which asks if all classes are using the recording system.	Academic VPs	Ensure all classes are using current recording system provided by OCE (Education Progress Record). All classes will issue 128E upon termination from program and at quarterly progress intervals.	1/7/09 Completed 4/1/09	4/14/09 In Compliance California Department of Education and Rehabilitation curriculum recording system is in use. The Academic Basic Education Prep class has been discontinued. The 128E is being used in academic classes.
6	Are Certificates of Completion or Achievement being issued to those students earning them? All teachers are aware of the differential requirements for the issuance of both certificates. However, some classes such as the Adult Basic Education Prep do not issue them with a reason given that they have too many students with a rapid turnover rate.	All classes will issue certificates in accordance with OCE requirements.	Academic VPs	Review effectiveness of PREP program. If effective, continue program and have certificates issued appropriately for achievement or completion.	3/1/09 7/1/09	4/14/09 Not In Compliance While a few teachers state that there was a recent change for them to now issue a CDC 128E and Certificate of Achievement upon exit, some teachers did not know that they were to request a Certificate of Achievement upon exiting a student.

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8	Are the required and/or elective credits in the academic subject being taught issued to inmates and recorded on the transcript? There are no records of any required or elective credits being issued by most academic and vocational teachers. Most teachers are unaware that they can give elective or required credits. Credits can be given as long as the student works on and completes assignments and passes a subject matter quiz/exam. It is recommended tat the Principal continue to explore ways to implement the issuance of credits in consultation with the OCE.	Credits are not required by OCE. Credits are issued to High School Diploma Programs. Develop procedure for issuing credits based upon progress/completi on of new curriculum	Braly	Write procedure for implementation of issuing credits for progress. Credits to be recorded on 128E and 154 cards.	4/1/09	4/14/09 Not In Compliance Teachers are aware that awarding credits to student is possible, but are unsure of when and how to implement issuing credits to their students
9	Do all of the academic education classes have course outlines that agree with the California Department of Corrections and Rehabilitation approved curriculum? Most teachers use the California Department of Corrections and Rehabilitation (CDCR) Curriculum Frameworks and others use the CDCR Curriculum Tracking System as outlines.	All teachers will utilize the newly adopted Course Syllabus as the course Outline.	Academic VP	Provide EPR and Course Syllabus to all academic teachers	1/7/09 completed	4/14/09 In Compliance Teachers are using the Office of Correctional Education Course Outlines from the approved curriculum.

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19	Is a master inventory of Test of Adult Basic Education booklets and answer sheets maintained by the testing coordinator? The TABE Coordinator does not have a Master Inventory of the answer sheets but does keep a manual record of the answer sheets used in conjunction with the check out system of the TABE test	Test booklets and answer sheets are to be inventoried	Gipson	An Inventory component of the answer sheets will be added, tracking current inventory and when/how many answer sheets are given out.	4/1/09	4/14/09 Not In Compliance A master inventory is kept; however, when answer sheets that have been pre-bubbled are returned to the testing office they are kept, but not counted. These answer sheets are not destroyed and not added to the count of remaining answer sheets.
21	Is the Test of Adult Basic Education locator test being used when needed to determine which level-appropriate Test of Adult Basic Education to administer? The TABE Coordinator does not have any TABE Locator Tests. The Locator Test is used to determine the appropriate test level needed. It is recommended that the Test Coordinator order the TABE Locator Tests.	Locator tests are to be used to determine the appropriate testing level	Gipson	Order Locator tests Train staff on using locator tests	3/1/09 5/1/09	4/14/09 In Compliance One teacher thought the locator tests had been ordered but not yet received. She stated that she knew the locator was used to determine which level appropriate Test of Adult Basic Education to use.

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23	Are the Test of Adult Basic Education tests administered according to the testing matrix? One teacher inappropriately post tests all students even if they are not on the post testing list. It is also a current practice to administer the TABE Reading Test only instead of the full battery as required by the CDCR/OCE TABE testing policy.	Have teachers TABE test in accordance with the approved quarterly testing Matrix	Gipson Herrera	Train staff on TABE testing procedures. Test in accordance to the Matrix utilizing the Full Battery	2/5/09 Completed 4/1/09	4/14/09 Not In Compliance The Testing Coordinator provides a list of the Test of Adult Basic Education (TABE) post test students Matrix. Most teachers check their roster to see if a student is more than six months from their last TABE test. If so they add it to the Matrix list. One teacher did not place a student with the last TABE score dated 10/088 on the MATRIX for the March 2009 quarter.

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24	<p>Is the Test of Adult Basic Education locator being used, when needed, to determine which level-appropriate Test of Adult Basic Education to administer?</p> <p>Most teachers are not using the TABE Locator test, but most teachers are aware of the TABE Locator, some have used it. The TABE Locator Test is not even used as a common practice by the ABE Prep Teachers or TABE Testing Coordinator.</p> <p>Administration of the TABE in the appropriate levels is primarily done from review of previous testing results. It is recommended that the Principal provide training on use of the TABE Locator Test to all staff in the event that they must use it.</p>	Locator tests are to be used to determine the appropriate testing level	Gipson	<p>Order Locator tests</p> <p>Train staff on using locator tests</p>	<p>3/1/09</p> <p>5/1/09</p>	<p>4/14/09 In Compliance</p> <p>Teachers are aware of the Test of Adult Basic Education locator.</p>

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25	<p>Are teachers using Test of Adult Basic Education pre-post subtest diagnostic reports for student needs assessment and are they reviewing test scores with inmates?</p> <p>Some teachers are not using TABE pre-post subtest diagnostic reports for student needs assessment or reviewing test scores with inmates. Many teachers are reviewing test scores with inmates. Some are even appropriately providing a copy to their students.</p>	All teachers are to review subtest reports with students, providing them a copy and placing a copy in their student file.	Gipson	Train staff on using subtest diagnostic reports Provide teachers with a copy of the subtest report for all students	2/5/09 4/1/09	<p>4/14/09 In Compliance</p> <p>The Teachers are reviewing the Test of Adult Basic Education sub test and pre-post test with their students.</p>
26	<p>Are teachers using the Test of Adult Basic Education pre-post diagnostic subtest test results as a diagnostic tool for individualized instruction and troubleshooting Test of Adult Basic Education score losses in their classes?</p> <p>Some teachers are not using the TABE pre-post diagnostic subtest test results as a diagnostic tool for individualized instruction and troubleshooting TABE score losses in their classes. Some teachers are also not using as a tool to present lessons of common needs to their students. The Principal has provided quarterly SPARC Report training.</p>	<p>All teachers are to review subtest reports with students, providing them a copy and placing a copy in their student file.</p> <p>Lessons should be individualized using this report to target student learning needs.</p>	Gipson	Train staff on using subtest diagnostic reports Provide teachers with a copy of the subtest report for all students	2/5/09 4/1/09	<p>4/14/09 In Compliance</p> <p>Teachers are using the Test of Adult Basic Education sub test and pre post test results as a diagnostic tool for individualized instruction.</p>

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27	Are current Test of Adult Basic Education subtests placed in student's classroom file? Some current TABE subtests are not placed in student's classroom file. However, most teachers did have the subtests in the student files.	All teachers are to place Subtest reports in Student Files	Acad VP	Teachers are to place subtest reports in student files after reviewing with student. Supervisors monitor/Audit to ensure compliance	3/1/09 4/15/09	4/14/09 In Compliance Current Test of Adult Basic Education subtests are placed in the student's classroom files.
28	Are Alternative Education Delivery Model Open Line schedules with dates and times posted in public areas for inmate access to educational services during off work hours? There is no evidence that Alternative Education Delivery Model Open Line schedules with dates and times posted in public areas for inmate access to educational services during off work hours.	AEDM, specifically Independent Study (IS) and Distance Learning (DL) teachers need to post schedules for open line access so inmates have the opportunity for educational services during off work hours	Acad VPs	All IS and DL teachers will provide open line access to students and enrolled inmates. These schedules will be posted in the housing units.	3/1/09	4-/4-/09 Not In Compliance The Independent Study teachers post their Open Line in the buildings, work change and the library. The Distance Learning Teacher does not schedule Open Line. He does take drop ins when he is on a yard.

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29.	<p>Is the Television Specialist and Distance Learning Study Teacher developing a Distance Learning Study Channel schedule of courses, with dates and times, posted in public areas for inmates to review and complete their assignments?</p> <p>There is no evidence that the Television Specialist and Distance Learning Study Teacher developing a Distance Learning Study Channel schedule of courses, with dates and times, posted in public areas for inmates to review and complete their assignments. There is no Distance Learning Study Channel.</p>	<p>Provide a distance learning (education) channel in the housing units.</p> <p>Post schedule of programs to enable student access.</p>	<p>Kelty Moua Acad VPs</p>	<p>Setup Media Room Move head unit to media room Setup video distribution system Move Satellite System to Media Room Establish DL schedule and post in Housing Units</p>	7/1/09	<p>4/14//09 Not In Compliance</p> <p>The satellite dish is not operational.</p>

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30.	<p>Does the Television Specialist plan, supplement and implement electronic educational coursework with the Distance Learning teacher, utilizing Transforming Lives Network and airing educational programs, such as Kentucky Educational TV General Education Development series on a weekly basis?</p> <p>The Television Specialist does not plan, supplement and implement electronic educational coursework with the Distance Learning teacher, utilizing Transforming Lives Network and airing educational programs, such as Kentucky Educational TV General Education Development series on a weekly basis. The TV Specialist equipment is still stored away, not being used. There is no space for the TV Specialist. However, there are plans to create such building space but no work has been done to date.</p>	<p>Provide a distance learning (education) channel in the housing units.</p> <p>Post schedule of programs to enable student access, including TLN and KET GED programming.</p>	<p>Kelty Moua Acad VPs</p>	<p>Setup Media Room Move head unit to media room Setup video distribution system Move Satellite System to Media Room Establish DL schedule and post in Housing Units</p>	<p>7/1/09</p>	<p>4/14/09 Not In Compliance</p> <p>There is a big degree of difficulty in getting the Satellite System up and running. Efforts are underway to get the system working.</p>

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32.	Do all of the Education/Independent Study (half-time) classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum? Most Adult Basic Education Prep classes do not have all of the CDCR multi-level (Adult Basic Education I, II, III, General Educational Development, and/or High School curriculum.	All classes must have the current course outlines and lesson plans that agree with OCE approved curriculum	Academic VPs	Distribute approved CDCR curriculum materials, including Student Syllabus.	1/7/09 Completed	4/14/09 In Compliance OCE issued new curriculum materials and at this point in time, teachers are trained and have the materials available within their classrooms.

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34.	<p>Do all of the Distance Learning classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?</p> <p>The Distance Learning class does not have current course outlines and lesson plans that agree with the OCE approved curriculum. The Distance Learning Teacher is coordinating college programs on a full time basis. Also, the Distance Education Teacher is not authorized by the OCE written policy or the CDCR Education Master Plan to coordinate college programs on a full time basis. It is recommended that the Principal receive written authorization since college program activities are not funded by CDCR.</p>	<p>The DL teacher shall have approved course outlines and lesson plans.</p> <p>The Distance Learning teacher is not authorized to coordinate College programs on a full time basis.</p>	<p>Moua</p> <p>Moua</p>	<p>Approved outlines and lesson plans have been provided to all staff.</p> <p>Course outlines and lesson plans need to be available for all classes not included in the standardized curriculum or approved DL programs.</p> <p>The DL teacher coordinates College in addition to running the High School Diploma program and running the Distance Learning program, as approved by OCE.</p>	<p>1/7/09 Completed</p> <p>On-going</p> <p>-no-changes necessary-</p>	<p>4/14/09 Not In Compliance</p> <p>There is a teacher designated as Distance Learning teacher. However the teacher is called the High School Coordinator/College Coordinator. Most of the students served are college students and for various reasons, there have been no high school transcripts//diplomas issued since our last visit.</p> <p>The High School Coordinator does not use the California Department of Education approved curriculum progress record to record student progress. Many students in this High School Diploma program are also officially enrolled in an ABE class.</p>

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36.	<p>Are teachers testing inmates within ten days of being enrolled or assigned to an Alternative Education Delivery Model program?</p> <p>Are the inmates' Test of Adult Basic Education subtest results analyzed by the teacher for appropriate Alternative Education Delivery Model lesson/class placement?</p> <p>There is no evidence that the inmate' TABE subtest results analyzed by the teacher for appropriate Alternative Education Delivery Model lesson/class placement.</p>	TABE subtest results are to be used in placement of students in both in class AEDM programs and in IS or DL programs.	Gipson IS and DL teachers	Test students within 10 days if test results not available. Use subtests in proper placement of students and in developing an education plan for the student.	3/1/09 4/1/09	<p>4/14/09 Not In Compliance</p> <p>Alternative Education Delivery Model teachers do not have the Test of Adult Basic Education tests in the student files or binders. The Test of Adult Basic Education test results are not used to analyze appropriate class placement.</p>
53.	<p>Is the Pre-Release teacher receiving appropriate institutional and Parole and Community Services Division staff support?</p> <p>One Pre-Release class is not receiving appropriate institutional and Parole and Community Services Division staff support. The only parole information is through the institutional parole planning process. The other Pre-Release class receives on site talk once per session-by-Volunteers in Parole.</p>	<p>As of 1/15/09, Pre Release classes were discontinued and services provided via packet and IS programs.</p> <p>This change makes this item N/A</p>	Braly	Change delivery of Pre Release services to packets delivered via Independent Study Teachers. This will allow a better use of teacher and classroom resources.	1/15/09 Completed	<p>4/14/09 NA</p> <p>Currently there is no pre-release teacher. Packets are handed out to inmates upon request via an Office Technician.</p> <p>An email sent by Jan Blaylock, Superintendent. OCE cleared ASP from mandated Pre-Release classes pending AB 900 review of Re-Entry needs.</p>

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57.	<p>Are all of California Department of Corrections and Rehabilitation Form 128Es (that are used to record all education participation including course completions) and classroom records current and accurate and reflect a full-quota student enrollment?</p> <p>Certificates of Completion are issued in lieu of CDCR Form 128Es. The Pre-Release Certificates of Completion are placed in the Central File.</p>	Pre Release classes should issue 128Es at the conclusion of the class.	Braly	Change delivery of Pre Release services to packets delivered via Independent Study Teachers. This will allow a better use of teacher and classroom resources.	1/15/09 Completed	<p>4/14/09 NA</p> <p>Currently there is no pre-release class or a pre-release teacher. 4/14/09 NA</p> <p>Currently there is no pre-release teacher. Packets are handed out to inmates upon request via an Office Technician.</p> <p>An email sent by Jan Blaylock, Superintendent. OCE cleared ASP from mandated Pre-Release classes pending AB 900 review of Re-Entry needs.</p>

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64.	<p>Are alternate modalities available for use within the housing units for the Distance Learning program? For example, video, Transforming Lives Network, institutional television, visual worksheets, etc.?</p> <p>The satellite dish is not operational and none of the educational programming is being received. Avenal Prison is a dorm setting and there are two televisions within the day rooms. One TV broadcasts regular television programs and the other TV broadcasts the institution movies and institution service announcements. Education programs are rarely broadcast as it would mean curtailing the broadcasting of the institution movies or institutional service announcements. Additionally, equipment was purchased and received a year ago for a TV studio and broadcast center but is currently not installed. The Education Department has also purchased a television for each dorm that would provide education programming but are installed. The education TV would not impact the current two televisions within the dorm day rooms and would be able to provide education programming such as General Educational Development.</p>	Implement DL programming via televised programs, including TLN and KET GED.	Kelty	<p>Setup Media Room</p> <p>Move head unit to media room</p> <p>Setup video distribution system</p> <p>Move Satellite System to Media Room</p> <p>Establish DL schedule and post in Housing Units</p>	7/1/09	<p>4/14/09 Not In Compliance</p> <p>The satellite dish is not operational. The Distance Learning Teacher is the High School Diploma Coordinator and College Coordinator who uses the televisions for the college students.</p>

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65.	Is the television specialist recording Transforming Lives Network broadcasting and archiving copies for re-broadcast and individual teacher access? The satellite dish is not operational and none of the educational programming is received. The Television Specialist is unable to record any programming to broadcast at a late time or to be recorded and archived or later use.	Move the TLN satellite dish and make operational. Incorporate TLN into the DL broadcast schedule and record broadcasts for rebroadcast and individual teacher access	Kelty	Setup Media Room Move head unit to media room Setup video distribution system Move Satellite System to Media Room Establish DL schedule and post in Housing Units	7/1/09	4/14/09 Not In Compliance The satellite dish is not operational.
66.	Is the television specialist setting up a broadcast schedule for the school and distributing that schedule to the school faculty? No education television schedule is currently developed or distributed to school faculty. There are only two televisions in the dorm day rooms and education programming is rarely broadcast.	Provide educational TV broadcasts to the housing unit.	Kelty	Setup Media Room Move head unit to media room Setup video distribution system Move Satellite System to Media Room Establish DL schedule and post in Housing Units	7/1/09	4/14/09 Not In Compliance The satellite dish is not operational.

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72.	<p>Are health education, physical fitness training and recreational activities being provided to the Special Needs populations?</p> <p>There are no health education and physical fitness training being provided to the Special Needs Population. It is recommended that the PE Teacher use existing health and nutrition curriculum to present mini-lessons to the general population using a sign-up list posted in each yard. It is also recommended health, nutrition, and physical fitness (low impact exercises, etc.) directly applicable to the geriatric population be provided. Recreational activities using table games (checkers, cards, etc.) are being provided to the special population. Recreational activities (basketball, baseball, etc.) are also being provided to all inmates.</p>	Provide Health and Physical Fitness training, especially for special needs population (such as over 55).	Morse (Coach)	<p>Establish PE Training Program, via mini lessons and TV broadcasts for each yard.</p> <p>Utilize schedule of programs available and offered on each yard and students sign up for classes.</p>	7/1/09	<p>4/14/09 Not In Compliance</p> <p>The Coach does not teach any of the Physical Education OCE curriculums on a one to one, in small or large groups. Flyers are put up in the buildings and inmates who request information are given hand-outs regarding mental health, stress, anger management, sleep disorders and healthy living.</p> <p>The Coach provides checkers, chess, pinochle, scrabble and dominoes to the housing units. He organizes leagues and tournaments for these activities. He provides sodas for the winners.</p>

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76.	<p>Are health education, physical fitness training and recreational activities being provided to the geriatric population (age 55 and over)?</p> <p>There are no health education and physical fitness training being provided to the geriatric population (age 55 and over). It is recommended that the Physical Education (PE) Teacher use existing CDCR/OCE health and nutrition curriculum to present mini-lessons at each yard to the general population using a sign-up list posted in each yard. The PE Teacher can also develop or obtain information regarding these topics from other institutions PE teachers. It is also recommended health, nutrition, and physical fitness (low impact exercises, etc.) directly applicable to the geriatric population (age 55 and over) be provided. Recreational activities using table games (checkers, cards, etc.) are being provided to the special population. Recreational activities (basketball, baseball, etc.) are also being provided to all inmates.</p>	Provide Health and Physical Fitness training, especially for special needs population (such as over 55).	Morse (Coach)	<p>Establish PE Training Program, via mini lessons and TV broadcasts for each yard.</p> <p>Utilize schedule of programs available and offered on each yard and students sign up for classes.</p>	7/1/09	<p>4/14/09 Not In Compliance</p> <p>The Coach does hold any instruction sessions with inmates. Flyers are put up in the buildings and Inmates who request information are given hand-outs regarding mental health, stress, anger management, sleep disorders and healthy living.</p> <p>The Coach provides checkers, chess, pinochle, scrabble and dominoes to the housing units. He organizes leagues and tournaments for these activities. He provides sodas for the winners</p>

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VOCATIONAL EDUCATION SECTION						
2.	<p>Do all of classroom files reflect Test of Adult Basic Education scores that are not over six months old for students under the California Department of Corrections and Rehabilitation Literacy Plan and Office of Correctional Education Test of Adult Basic Education testing criteria?</p> <p>The majority of the students did not have a current full battery Test of Adult Basic Education (TABE) test score. Most students have been given the TABE reading test only in November instead of the required full battery TAB E test.</p>	TABE testing will follow OCE matrix and will include full battery tests.	McIlwain	Train staff regarding TABE testing procedures. Require full battery tests in classrooms.	2/10/09	<p>4/14/09 Not in Compliance</p> <p>The Test of Adult Basic Education (TABE) full battery test has not been administered to all of the vocational students. The education department is working to administer the TABE test to all students who do not have a current and a valid TABE test score.</p>
6.	<p>Are elective credits in the designated vocational subject being issued to students and recorded on their transcript in the education file?</p> <p>Most of the teachers were not aware they could issue elective credits to students earning them. The teachers are very responsive to being able to issue credits.</p>	<p>Issuing credits is not required by OCE. Credits are issued if enrolled in the High School Diploma Program</p> <p>Credentialed Education faculty (CEF) will add elective credits on their CDCR 128Es so that the credits can be added to their transcript.</p>	Braly McIlwain	<p>Develop procedures for issuing credits for progress and completions of vocational programs.</p> <p>Record credits on 128Es and 154 cards</p>	4/1/09	<p>4/14/09 Not in Compliance</p> <p>The teachers are not issuing elective credits for work their students have completed. The school is working on their process to issue credits to students in the various vocation trade programs.</p>

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7	<p>Are Trade/Industry Certifications being issued and recorded to those students earning them?</p> <p>The Office Services and Related Technology teachers have not received the Microsoft (MS) certification.</p> <p>One of the National Center of Construction Education and Research (NCCER) has not received certification training. Training for these teachers is to be provided by the Office of Correctional Education with funding allocated by Division of Education Vocational and Offender Programs.</p> <p>The Office Service and Related Technology teachers have recently received the test computer and test software for Microsoft industry certification testing that was in the warehouse and they are in the process of being set up for industry certification testing.</p> <p>Of SPECIAL NOTE: Flat Screen Monitors were ordered and Associate Information Systems Analyst approved with Office of Correctional Education money, however, upon arrival they were not installed in the education program and their location is presently not known.</p>	<p>All vocational staff to be certified in their field and issue nationally recognized certification within their fields</p>	McIlwain	<p>CEF members are being scheduled after the first of the year for MS training per Art Hernandez.</p> <p>CEF member has been scheduled for NCCER training.</p> <p>Process purchase order for the MOS test.</p> <p>Start testing students.</p> <p>Flat panels to be moved to appropriate classrooms as originally designed.</p>	<p>TO BE ARRANGED</p> <p>12/4/08</p> <p>12/5/09 Initial testing completed – ordered more tests</p> <p>1/15/09 Completed</p>	<p>4/14/09 In Compliance</p> <p>The Office Services and Related Technology classes are testing their students and uploading the tests to Microsoft who scores and issues Microsoft certifications to students earning them.</p> <p>All the National Center of Construction Education and Research (NCCER) teachers have received certification training and are able to issue NCCER industry certifications to students earning them.</p>

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9.	<p>Do all of the vocational education classes have course outlines that agree with the California Department of Corrections and Rehabilitation curriculum?</p> <p>Most of these classes do not have a course outline for their program. However several of the programs did have a course outlines and some of them were very good examples of course outlines.</p>	All classes will have a course outline that agrees with the CDCR curriculum.	McIlwain	<p>Verify with CEF if they have course outline.</p> <p>If they do not CEF will obtain from their supervisor the correct outline.</p>	<p>1/6/09</p> <p>2/27/09</p>	<p>4/14/09 In Compliance</p> <p>The teachers received training on course outlines and all the teachers have a course outline for their program.</p>
11.	<p>Have the Literacy Implementation Plan sections (applicable to Vocational Education) been incorporated through a core set of literacy materials into the instructional plan and do lesson plans verify this?</p> <p>Three of the programs did not document that literacy materials were incorporated in their lesson plans for students that has Test of Adult Basic Education test scores below 9.0.</p>	Literacy material will be incorporated into all programs for students with TABE tests below 9.0.	McIlwain	<p>CEF member will be re-trained by the supervisor on how to initiate a Literacy Implementation Plan.</p> <p>Monitor compliance</p>	<p>1/7/09</p> <p>7/1/09</p>	<p>4/14/09 In Compliance</p> <p>All the teachers are documenting that eligible students are participating in literacy.</p> <p>Recommended that the teachers use/ request some type of feed back, quiz, feedback, evaluation, etc from the students to ensure understanding and participation.</p>

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12.	<p>Are Vocational Instructors conducting and documenting at least four hours of approved related formal classroom training each week for all inmate students?</p> <p>Two of the teacher were not documenting that related formal training was taking place in their classes. One of the teachers was providing related training but was not aware that the training is to be documented.</p>	All vocational programs will provide 4 hours of related training per week and document the training provided.	McIlwain	<p>CEF will be re-trained by supervisor regarding requirement to provided 4 hours of related training per and how to document the training.</p> <p>Supervisor will follow up to make sure related training continues.</p>	<p>1/7/09</p> <p>Continuously</p>	<p>4/14/09 In Compliance</p> <p>All the teachers are currently documenting the minimum of four hours of related training per week for their students.</p>

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13.	<p>Are all of the vocational programs that have a nationally recognized certification programs participating in that program?</p> <p>The Office Services and Related Technology teachers have not received the Microsoft (MS) certifications training needed to provide MS industry certification. One of the National Center of Construction Education and Research (NCCER) teachers has not received certification training. Training for these teachers is to be provided by the Office of Correctional Education with funding allocated by Division of Education Vocational and Offender Programs. The Office Services and Related Technology teachers have recently received the test computer and test software for Microsoft industry certification testing that was in the warehouse and they are in the process of being set up for industry certification testing.</p>	All programs with a nationally recognized certification program are to participate in providing the certifications.	McIlwain	<p>CEF members are being schedule after the first of the year for MS training per Art Hernandez.</p> <p>CEF member has been scheduled for NCCER training.</p> <p>Start MOS testing in all OSRT programs. Order additional tests</p>	<p>TO BE ARRANGED</p> <p>12/4/08</p> <p>1/7/09 All classes participation – Additional tests ordered</p>	<p>4/14/09 In Compliance</p> <p>Two National Center of Construction Education and Research (NCCER) teachers received training in December 2008. All of the school's NCCER teachers are trained and can issue industry certifications.</p> <p>All but one of the Office Services teachers still needs Microsoft Certification training. However, the teachers are able to test the students in each class and the tests are up-loaded to Microsoft who then scores the tests and issues the certification.</p>

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14.	<p>Are the Recidivism Reduction Strategies programs issuing trade certifications and/or National Center for Construction Education and Research certifications?</p> <p>The Office Services and Related Technology teachers have not received the Microsoft (MS) certification. Training for these teachers is to be provided by the Office of Correctional Education with funding allocated by Division of Education, Vocational and Offender Programs.</p>	RRS programs, specifically the OSRT program, will provide MOS certification.	McIlwain	<p>CEF members are being schedule after the first of the year for MS training per Art Hernandez.</p> <p>MOS testing started .. additional tests on order</p>	<p>TO BE ARRANGED</p> <p>1/7/09</p>	<p>4/14/09 In Compliance</p> <p>The two Recidivism Reeducation Strategies programs are now able to issue industry certifications. The Office Services program is issuing the Microsoft Certification and the Painting program is issuing the National Center of construction Education and Research industry certification.</p>
18.	<p>Are all of the building trade instructors currently National Center for Construction Education and Research Certified Instructors and have attended the Instructor Certification Training Program (ICTP)?</p> <p>One of the teachers in waiting to receive National Center of Construction Education and Research certification training. The training is to be provided by the Office of Correctional Education with funding allocated by Division of Education Vocational and Offender Programs.</p>	All building trades teachers to be NCCER certified by attending the ICTP course.	McIlwain	The remaining CEF members have completed NCCER training.	December 4, 2008	<p>4/14/09 In Compliance</p> <p>All National Center of Construction Education and Research teaches have received the Instructor Certification Training.</p>

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30.	Is the Test of Adult Basic Education locator being used, when needed, to determine which level appropriate Test of Adult Basic Education to administer? The teachers were unaware that the Test of Adult Basic Education (TABE) locator test was available to determine the appropriate TABE Level.	Locator tests to be used in determining appropriate TABE level for testing.	Gipson Gipson McIlwain	Purchase order to obtain the locator test Will train staff in the use of Test of Adult Basic Education locator process. Start using Test of Adult Basic Education locator.	1/7/09 12/5/09 2/9/ 2009	4/14/09 In Compliance The teachers received training on the purpose of the Test of Adult Basic Education locator test and indicated they would use it when necessary.
33.	Are current Test of Adult Basic Education subtests placed in student's file? A lot of teachers did not realize they were to keep a copy of the Adult Basic Education subtest or that it was to be placed in the student's file.	TABE subtest reports to be provided to the teacher and place copy in the student file.	McIlwain	Teachers trained August 6, 2008. Retrain on 2/4/09 Monitor/Audit student files semi-annually	12/5/09	4/14/09 Not in Compliance The teachers have not administered the Test of Adult Basic Education (TABE) to their students and subtests are not available till testing is completed. The teachers are aware they are to have TABE subtest copies in the students' files.
37.	Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan? One of the shops did not have an evacuation plan posted.	Post evacuation plan.	Contreras	Corrected the same day ... as sign was removed for painting previous week.	12/19/08 Completed	4/14/09 In Compliance The shop that was out of compliance now has the exits marked and the evacuation plan posted.

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38.	Is there an Inmate Safety Committee that conducts and records weekly safety inspections? One of the teachers did not have an Inmate Safety Committee to conduct weekly safety inspections.	All teachers will have Inmate Safety Committee conduct weekly inspections.	McIlwain	Will re-train staff on how to initiate an Inmate Safety Committee and to complete documentation. Will follow-up to verify credentialed Education faculty is following the correct procedure regarding Inmate Safety Committee.	1/7/09 Continuously	4/14/09 In Compliance All classes have an inmate safety committee with the committee members conducting weekly safety inspections.
39.	Is at least one hour per month of safety meetings being held and documented? One of the teachers did not provide or document that safety meetings were being held for a least one hour per month.	All vocational instructors will provide a minimum of 1 hour of Safety Meetings per month and document that these meetings are being held.	McIlwain	CEF will be re-trained by supervisor on his responsibility of safety meeting with in his shop. Training will cover tail-gate safety meetings, and how they should be documented. Supervisor will follow up with teacher to make sure that the Safety Meetings are done every month.	1/7/09 Continuously	4/14/09 In Compliance All of the teachers are providing safety training and document that the training was held. It was recommended that the teachers develop a safety binder to hold all the numbered safety lessons, handouts, quizzes, and etc. The teacher can refer to number when documenting the safety meeting.

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40.	Does the instructor have a documented Trade Advisory Committee that meets at least quarterly? Due to the current teacher contract the teachers are not able to close classes to attend Trade Advisory Committee (TAC) meetings. Many of the teachers continue to maintain contact with their TAC members on their own time and attend off site meetings on their own time.	As part of their job expectations and in alignment with being a professional, vocational instructors are required to hold TAC meetings. The expectation is that the majority of these meetings will be held on site.	McIlwain	Train staff as to TAC requirements and the expectations to hold such meetings. Work with staff to hold meetings when and where feasible without closing classes.	2/28/09 4/1/09	4/14/09 Not in Compliance Due to the current teacher contract the teachers can not close class to attend Trade Advisory Committee (TAC) meetings. Many of the teachers have difficulty getting member to come to the prison for TAC meetings. Several of the teachers, however, continue to attend TAC meeting on their own time and keep abreast of changes in their industry.
41.	Is a current Employment Development Department Job Market Analysis and/or institutional Job Market Survey on file? Several teachers had a current job market survey. A couple of teachers did not have a survey.	All classes will have current Job Market Survey for their subject.	McIlwain	CEF will be retrained by supervisor regarding their responsibility to have a current EDD Job Market Analysis and/or institutional Job Market Survey on File.	2/1/09	4/14/09 In Compliance The supervisors are being proactive and have provided each teacher with a current Job Market Survey.

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LAW LIBRARY/LIBRARY SECTION						
1	<p>Does the Principal, Academic Vice-Principal, or Vocational Vice-Principal supervise the library staff?</p> <p>Does the Senior Librarian implement/plan the library program?</p> <p>The Senior Librarian is not implementing/planning the library program because the position is vacant. Steps are underway to fill the vacant Senior Librarian position. It is recommended that the Principal evaluate current Library Technical Assistant staffing pattern to see if the recently closed Library Technical Assistant positions need to be reactivated. The Principal may want to contact the Office of Correctional Education so that the California Department of Corrections and Rehabilitation Office of Workforce Planning can intensify recruitment; efforts including posting staff recruitment opportunities on the additional Web sites and closer cooperation with the San Jose State University School of Library/Information Science.</p>	Recruit and hire a Sr. Librarian.	Pehrson Javaux	<p>Continue to request authorization to fill Sr. Librarian position</p> <p>Recruit for the Sr. Librarian position... hire best possible candidate</p>	3/1/09 Requests submitted regularly – pending OCE approval to hire.	<p>4/14/09 Not in Compliance</p> <p>DEVOP/OCE has not approved current approval to hire request. There is an approval processing slowdown at DEVOP/OCE. There is also a lack of candidates. There is an overall lack of synchronizing request approval and candidacy pool availability. It is recommended that the OCE Superintendent and the HQ Personnel Recruitment Team assist ASP in the coordination of the hiring process.</p>

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13	<p>Within the entire institution's libraries, is there at least one encyclopedia with a copyright date within the last five years and one unabridged dictionary (no older than five years.)</p> <p>Does the library program have at least three directories relevant to the questions asked by the population served?</p> <p>The unabridged dictionaries need to be updated. They have Encyclopedia Britannica's, school level encyclopedias and Spanish language encyclopedias in all primary libraries. A considerable variety of directories would benefit their libraries and should be considered. One example is The Encyclopedia of Associations.</p>	Maintain library books, especially the reference material in accordance with DOM and OCE requirements	Pehrson Salinas	<p>Submit order for updated dictionaries</p> <p>Submit order for a minimum of 3 directories per facility</p>	<p>6/1/09</p> <p>6/1/09</p>	<p>4/14/09 Not in Compliance</p> <p>Lack of budget allocations/purchase approvals from Adult Programs/DEVOP/OCE has prevented the acquisition of required dictionaries.</p>
14	<p>Does each library in the institution have a current world almanac, an atlas that is no more than three years old, an English language dictionary that is no more than five years old, and a Spanish and English dictionary that is no more than ten years old?</p> <p>The World Almanacs are 2007 editions. It would be helpful to reorder these every year-end. The other books are generally compliant and uniformly distributed.</p>	Reorder books in a timely manner to update the required reference material	Pehrson Salinas	Submit order for updated reference material	6/1/09	4/14/09 In Compliance

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16	<p>Does each library in the institution have at least one textbook and two supplemental titles which have copyright dates not more than ten years old representing each vocational and academic program in the institution, a minimum of 100 titles representing high interest/low level reading books, a minimum of 250 multi-ethnic titles, including but not limited to Black American, Asian-American, Hispanic-American (including Spanish language) and Native American materials?</p> <p>Each library in the institution does not have at least one textbook and two supplemental titles which have copyright dates not more than ten years old representing each vocational and academic program in the institution. Due to a recent substantial institutional change in curriculum, considerable effort will need to be expended to once again reach compliance. It is recommended that the Principal discuss this requirement with the Office of Correctional Education Superintendent and Principal Librarian..</p>	Textbooks (less than 10 years old) shall be maintained in all libraries.	Pehrson Salinas	Provide textbook as need to all facility libraries.	6/1/09	<p>4/14/09 In Compliance</p> <p>Textbooks are currently available in the yard/program area library for classes operating within each individual yard//program area.</p> <p>The Principal must ensure that the required books continue to be available as the new curriculum standardization continues to expand.</p>

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18	<p>• Does the current library collection contain the number of fiction and nonfiction books mandated by California Department of Corrections and Rehabilitation?</p> <p>Does this include any new books purchased through Recidivism Reduction Strategies (RRS) funding?</p> <p>The current Department Operation Manual numerical formula for acquisitions cannot be achieved by the current levels of yearly library allocations. It is recommended that the Principal discuss this requirement with the Office of Correctional Education Superintendent and Principal Librarian. The number of books in the libraries seems adequate to the level of use. Recidivism Reduction Strategies books have been received when possible and incorporated into the collections.</p>	Order books annually to maintain current collection	Pehrson Salinas	<p>Space limitations restrict the number of books we are able to shelve at any one time.</p> <p>Submit orders for books to update current collection and expand the collection as space is available.</p>	4/1/09	<p>4/14/09 In Compliance</p> <p>The numbers of books required are available in storage due to generous book donations. However, the books are not readily accessible since shelving space is insufficient.</p> <p>This is an ongoing conflict at ASP as well as other institutions in regards to shelving of hard copies of legal materials versus shelving recreational materials.</p> <p>The Principal must continue dialogue with OCE regarding this requirement since the LLEDs has not effectively replaced the maintenance of law books thus sufficient recreational books shelving space is not available at this time.</p>

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FEDERAL GRANTS PROGRAM SECTION						
Workforce Investment Act						
1	Do you have a current duty statement on file (within one year)? ASP's Literacy Learning Lab is inoperable. It has not been available to students for three years. Ms. Gabriel is currently assigned to the Literacy Learning Lab but is doing a Distance Learning type of program due to the current modified program at the institution.	The teacher will have a current duty statement on file accurately reflecting her job duties. OCE has stated that we should receive the parts this fiscal year.	Moser	Review duty statement and edit, if necessary, to make it current and accurate.	7/1/09	4/14/09 In Compliance PLATO Lab Teacher Duty Statement is now available.
6	Does the Vice Principal visit/observe your class? Does the Principal visit/observe your class? Do you maintain a sign-in log? No sign-in log is maintained.					4/14/09 Not in Compliance Not addressed in the ASP WIA CAP.

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7	Do you maintain a minimum enrollment of 27 students? Students are currently assigned to the Literacy Learning Lab, but a Distance Learning type of program is taking place during the present modified program. Even after normal programming is reinstated, the Literacy Learning Lab will not be operable.	The parts to repair the lab have been on order with OCE for almost a year. Once the components are received, we will install them and get the lab operational.	Moser	Get the Lab parts in to make the lab operational. Once operational, 27 – 54 students will be assigned.	7/1/09	4/14/09 Not in Compliance Other than the verified PLATO training, all other components of the WIA CAI Lab section remain out of compliance primarily due to the fact that the program is not implemented in accordance with federal programs regulations. This entire section needs and will receive further review by federal programs staff.
8	Do students receive direct/group instruction? The students are not receiving direct/group instruction	The parts to repair the lab have been on order with OCE for almost a year. Once the components are received, we will install them and get the lab operational.	Moser	Get the Lab parts in to make the lab operational. Once operational, 27 – 54 students will be assigned and receiving direct/group instruction.	7/1/09	4/14/09 Not in Compliance See WIA Question #7

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9	Is the Literacy Learning Lab a "self contained" program? The literacy lab has not been operable for the last two years, so it is not self-contained.	The parts to repair the lab have been on order with OCE for almost a year. Once the components are received, we will install them and get the lab operational.	Moser	Get the Lab parts in to make the lab operational. Once operational, 27 – 54 students will be assigned.	7/1/09	4/14/09 Not in Compliance See WIA Question #7
15	Are the Student Files current (incl. Test of Adult Basic Education scores and any other assessment scores)? As the lab is not operable and the yard has been on an extended modified program, student files are not current.	The parts to repair the lab have been on order with OCE for almost a year. Once the components are received, we will install them and get the lab operational.	Moser	Get the Lab parts in to make the lab operational. Once operational, 27 – 54 students will be assigned and student files will be current.	7/1/09	4/14/09 Not in Compliance See WIA Question #7
19	Do students track their own progress? As the lab is not operable, students do not track their own progress.	The parts to repair the lab have been on order with OCE for almost a year. Once the components are received, we will install them and get the lab operational.	Moser	Get the Lab parts in to make the lab operational. Once operational, 27 – 54 students will be assigned.	7/1/09	4/14/09 Not in Compliance See WIA Question #7

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Item	Question (in bold) and Deficiency	Corrective Action Required	By Whom	ASP's Proposed Action Plan	Completion Date	ECB Review Findings 4-17-09
20	Do the students receive computer orientation? Is there continuous training? As the lab is not operable, students have not received computer orientation nor is there continuous training.	The parts to repair the lab have been on order with OCE for almost a year. Once the components are received, we will install them and get the lab operational.	Moser	Get the Lab parts in to make the lab operational. Once operational, 27 – 54 students will be assigned.	7/1/09	4/14/09 Not in Compliance See WIA Question #7
23	Do students spend an average of six months of instructional time enrolled in the program? As the lab is not operable, students do not spend an average of 6 months enrolled in this program.	The parts to repair the lab have been on order with OCE for almost a year. Once the components are received, we will install them and get the lab operational.	Moser	Get the Lab parts in to make the lab operational. Once operational, 27 – 54 students will be assigned.	7/1/09	4/14/09 Not in Compliance See WIA Question #7
27	Have you participated in conferences, workshops and seminars from July 1, 2007–December 31, 2008? The teacher has not participated in conferences, workshops, and seminars from July 1, 2007 to December 31, 2008.	Current contract does not make provisions for staff to attend workshops and conferences. On-site training is provided several times per year.	Braly	No changes at this time as the restriction is out of our control.	7/1/09	4/14/09 In Compliance ASP recently provided Plato training for teachers.

AVENAL STATE PRISON

Compliance Review Audit for November 17-21, 2008

CORRECTIVE ACTION PLAN REVIEW

Reviewed by Beverly Penland, Valarie Anderson, Raul Romero

April 13-17, 2009

Item	Question (in bold) and Deficiency	Corrective Action Required	By Whom	ASP's Proposed Action Plan	Completion Date	ECB Review Findings 4-17-09
30	<p>Is your software appropriately maintained by PLATO's technical field staff? Do you have all three educational software programs (PLATO, Reading Horizons, and Reading Plus) presently in service for your students?</p> <p>The lab is currently inoperable, so the software is not being maintained by PLATO's technical field staff. The three software programs are not presently in service for the students.</p>	<p>The parts to repair the lab have been on order with OCE for almost a year. Once the components are received, we will install them and get the lab operational.</p>	Moser	<p>Get the Lab parts in to make the lab operational.</p> <p>Once operational, 27 – 54 students will be assigned.</p>	7/1/09	<p>4/14/09 Not in Compliance</p> <p>See WIA Question #7</p>

AVENAL STATE PRISON
Compliance Review Audit for November 17-21, 2008

CORRECTIVE ACTION PLAN REVIEW
Reviewed by Beverly Penland, Valarie Anderson, Raul Romero
April 13-17, 2009

Item	Question (in bold) and Deficiency	Corrective Action Required	By Whom	ASP's Proposed Action Plan	Completion Date	ECB Review Findings 4-17-09
VOCATIONAL TECHNICAL EDUCATION ACT SECTION						
11	As per the Interagency Agreement (Exhibit A) has the Vocational Instructor received hands-on training regarding current changes in technology and or certification in their field? Vocational instructors are not receiving hands-on training regarding current changes in technology and/or certification in their field even though their current contract does not allow it.	Make provisions for vocational staff to attend TAC meetings and conferences/ seminars.	McIlwain	This is in direct opposition to the current teacher contract. Staff will be accommodated on days their program is modified and on some training days. Training is provided at the institution several times per year.	7/1/09	4/14/09 Not in Compliance There are no regularly scheduled quarterly TAC Meetings. It is recommended that further discussions take place with OCE regarding this matter. Further review will follow by Federal Grants VTEA staff.
12	As per the Interagency Agreement (Exhibit A) has the Vocational Instructor attended trade specific seminars and or technology conferences related to their field? Vocational instructors have not attended trade specific seminars and/or technology conferences related to their field. It is recommended that one training day per quarter be set aside to conduct meaningful TAC meetings.	Make provisions for vocational staff to attend TAC meetings and conferences/ seminars.	McIlwain	This is in direct opposition to the current teacher contract. Staff will be accommodated on days their program is modified and on some training days. Training is provided at the institution several times per year.	7/1/09	4/14/09 Not in Compliance There are no regularly scheduled quarterly TAC Meetings. It is recommended that further discussions take place with OCE regarding this matter. Further review will follow by Federal Grants VTEA staff.

AVENAL STATE PRISON
Compliance Review Audit for November 17-21, 2008

CORRECTIVE ACTION PLAN REVIEW
 Reviewed by Beverly Penland, Valarie Anderson, Raul Romero
 April 13-17, 2009

Item	Question (in bold) and Deficiency	Corrective Action Required	By Whom	ASP's Proposed Action Plan	Completion Date	ECB Review Findings 4-17-09
INCARCERATED YOUTH OFFENDER SECTION						
14	The Incarcerated Youth Offender Teacher has internet access; uses internet as resource for employment and other transitional information for participants? Teacher does not have access to the internet without having to go to the AW's office.	This is in error and was "given" back to ASP. The IYO rep has several locations in which to access the internet.	Campos	No Changes as this is in error and was "given" back to ASP. The IYO rep as several locations in which to access the internet including her supervisor's office (across the hall), the Principal's office, AISA, and more.		4/14/09 In Compliance

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

INMATE
APPEALS

AVENAL STATE PRISON

APRIL 6 – 17, 2009

The seal of the California Department of Corrections and Rehabilitation is a circular emblem. It features a green outer ring with the text "DEPARTMENT OF CORRECTIONS AND REHABILITATION" at the top and "STATE OF CALIFORNIA" at the bottom, separated by two gold stars. The center of the seal depicts a golden scale of justice and a map of California.

PRELIMINARY

CONDUCTED BY

INMATE APPEALS BRANCH

INMATE APPEALS AUDIT EXECUTIVE SUMMARY

Avenal State Prison
April 12 – April 17, 2009

This Executive Summary provides the area and a brief description of the findings of the Inmate Appeals Audit. Complete details will be provided in the Final Report. The findings have been discussed with the Appeals Office staff.

The findings in this Inmate Appeals Audit resulted in an overall score of 93. All areas and their results are listed below.

Narciso Lopez, Correctional Counselor II Supervisor (CC-II), Steve Smith, CC-II Specialist, and Bob Allison (ADA Coordinator) are assigned to the Appeals Office, are experienced and knowledgeable in all facets of the appeals process. The Appeals Office support staff, Melissa Saenz (Office Assistant) and Janice Ross (Staff Services Analyst) were helpful to the Audit team. They were able to locate documents needed for the Review and provide information to assist the Audit team. It was indeed a pleasure to work with all of the staff in the Appeals Office.

OVERALL RATING	93 %
A. ACCESS TO INMATE APPEALS	100 %
B. TRACKING/FILING APPEALS	100 %
C. PREPARATION OF APPEALS	82 %
D. TIMEFRAMES	89 %
E. APPEAL RESPONSES	97 %
F. SPECIALIZED PROCESSING OF APPEALS	95 %
G. TRAINING and OFFICE STAFFING	85 %
H. CURRENT OVERDUE APPEALS	98 %

Corrective Action areas are:

C. Preparation of Appeals

1. The low score in this area is due to First and Second Level failing to document whether or not the appellant was interviewed on the 602 or the attached response documents.

Pursuant to CCR 3084.5(f) and DOM 54100.14 all inmates are to be interviewed at the First Level of Review or at the Second Level if the First Level is waived.

2. The low score in this section is due mostly to the 602 completed dates, received stamp, or returned to inmate date either not being completed or the date on the 602 not matching the IATS.

Pursuant to DOM section 54100.9, the dates on the appeals must correspond with the dates on the IATS?

3. The lower score in this question is the result of dates missing on the First and Second Level 602s. Some of the appeals were missing the “Returned to Inmate” date, the “Assigned Date,” “Staff signatures,” and “Due” dates on the appeal forms.

Pursuant to DOM section 54100.3, all blanks must be filled in appropriately on the CDCR form 602 to include date, signatures.

D. Timeframes

1. Several appeals reviewed showed only an “Assigned date”, and lacked a “Received date,” so the Auditor assumed the appeals were not assigned within five days of receipt. On other appeals the 602s received stamp, was a day(s) after the assigned date. Also, there were no assigned dates noted on the 602 to identify when the appeal was assigned.

Pursuant to DOM section 54100.9, all appeals must be assigned at each level within five working days of receipt in the appeals office.

2. The low score in this area is due to the “Returned date” not being filled in on the 602.

Pursuant to CCR 3084.6(b)(1) all Informal Level appeals must be completed within 10 working days.

3. The low score in this area is due to the 602s not having a (Returned to inmate date) date to determine if appeal was overdue or not.

Pursuant to CCR 3084.(b)(3), all Second-Level responses shall be completed within 20 working days, or 30 working days if First Level is waived pursuant to section 3084.5(c).

4. The low score in this area is due to 602s not having a “Returned to inmate date” to determine if appeal was overdue or not.

Pursuant to CCR 3084.6(b)(3) all Second Level responses are to be completed within 20 working days, or 30 working days if First Level is waived pursuant to section 3084.5(c).

E. Appeal Responses

1. Some of the First Level Reviews did not restate the appeal issue when they were handwritten on the 602 or on the attached response.

Pursuant to CCR 3084.5(g) and DOM 54100.15, the institution must prepare a written response stating the appeal issue.

2. On the following categories; Case Records, Funds, and Classification on First and Second Level Reviews, the responders did not state the reason for the appeal decision rendered. In other categories, some of the Second Levels were too brief, not researched, or only quoted the CCR section as the sole response, without providing a nexus for the decision rendered.

Pursuant to CCR 3084.5(g) and DOM 54100.15, the institution must prepare a written response at the First Level of review stating the reason for the specific decision being rendered.

F. Specialized Processing of Appeals

1. The low score in this section on some appeals is because the notice provided to Peace Officers was not present in the appeal packet provided for review.

Pursuant to Memorandum of Understanding, Section 9309(D), Personnel Investigations, when a staff complaint is filed against a Peace Officer, notice is to be given to that Peace Officer regarding the filing of the complaint.

G. Training / Office Staffing

1. Evidence was provided; however, 17 supervisors have not received supervisor's orientation training regarding inmate appeals. It is noted that the last supervisor's orientation training in inmate appeals was provided July 2008.

Pursuant to DOM 32010.10.2, the Inmate Appeals Process, training shall be provided to new supervisors during supervisors' orientation.

Pursuant to DOM 32010.10.1, Orientation of Employee's, it is intended that Orientation Training be provided prior to job assignment, but shall be provided within 30 days of appointment.

INMATE APPEALS AUDIT

Avenal State Prison

April 12 – April 17, 2009

Reviewer: S. Wright, Facility Captain, Inmate Appeals Branch
D.M. Mantel, Facility Captain, Salinas Valley State Prison

SUMMARY CHART

AREA REVIEWED	COMPLIANCE RATING 2009	
	Percentage	Page No.
OVERALL RATING	93%	1
A. ACCESS TO INMATE APPEALS	100%	2 -3
B. TRACKING/FILING APPEALS	100%	4
C. PREPARATION OF APPEALS	82%	5
D. TIMEFRAMES	89%	6
E. APPEAL RESPONSES	97%	7
F. SPECIALIZED PROCESSING OF APPEALS	95%	8
G. TRAINING and OFFICE STAFFING	85%	9
H. OVERDUE APPEALS	98%	10

INMATE APPEALS AUDIT

Avenal State Prison
April 12 – April 17, 2009

The findings in this Inmate Appeals Compliance Review resulted in an overall score of 93%. All areas are listed below with applicable notations.

It should be noted that staff interviewed were knowledgeable and familiar with the established departmental and institutional policies and procedures relative to the appeals process. Melissa Saenz, Office Assistant, Janice Ross, Staff Services Analyst, Bob Allison, ADA Coordinator, Narcisco Lopez, Correctional Counselor II Supervisor and Steve Smith, Correctional Counselor II Specialist.. The current staff were able to locate documents needed for the Review and provide information in a timely manner. It was indeed a pleasure to work with the current Appeals Office staff.

The specific sections and their corresponding questions and scores are identified below.

Copies of the Inmate Appeals Worksheets are available upon request.

A. ACCESS TO INMATE APPEALS:

Section Rating: 100

- 1) Do the law libraries, general population, and special housing units have the appropriate forms available on request from the inmate? [CCR 3084.1 (c)]**

26 sample # 26 # correct = 100 %

Question Rating: 50

Score: 50

All housing units and the libraries had a good supply of both CDC form 602s (Spanish and English), 602 HCs, and 1824s. Staff were very helpful in providing these forms to the Review Team.

- 2) Does the institution provide inmate access to the California Code of Regulations (CCR), Department Operations Manual (DOM), Section 54100, Inmate/Parolee Appeals, and any facility appeal supplement in each inmate law library? [DOM Section 53060.11,54100.3]**

26 sample # 26 # correct = 100 %

Question Rating: 10

Score: 10

- 3) Does the institution provide the orientation inmates a written summary of the inmate's right to appeal and appeal procedures? [CCR 3002(a)(2)]**

Yes

Question Rating: 20

Score: 20

Upon arrival to the housing units, the inmates at ASP are provided a "Fish Kit;" which includes an Orientation Handbook and a California Code of Regulations, Title 15 (CCR). The Inmate Appeals Process is explained in both of these booklets. Each facility provides both written and verbal orientation to each inmate upon arrival to the housing unit. This presentation is provided on Saturday's and Sunday's by the Program Sergeants.

- 4) Does the institution provide the orientation inmates verbal staff instruction regarding the inmate's right to appeal and appeal procedures? [CCR 3002(a)(2)]**

Yes

Question Rating: 20

Score: 20

The orientation process for ASP is standardized throughout the institution.

- 5) Does the institution provide the CDC Form 602 in both English and Spanish?**

Yes

Question Rating: 0

SECTION POINT TOTAL

100

INMATE APPEALS AUDIT
FINAL REPORT

B. TRACKING AND FILING APPEALS

Section Rating: 100

- 1. Does the Inmate Appeals Office utilize the automated Inmate Appeals Tracking System (IATS) to record all appeals received at the formal levels? [DOM Section 54100.9]**

Yes

Question Rating: 15 **Score: 15**

- 2. A review of the appeals files indicate the appeal forms have been copied on both sides and supplemental documents are attached? [DOM Section 54100.3]**

100 sample # 100 # correct = 100 % Question Rating: 25 **Score: 25**

- 3. Does the institution implement an appeal decision (granted or granted in part) modification order within 90 days? [CCR 3084.5(i)]**

108 sample # 106 # correct = 98 % Question Rating: 25 **Score: 25**

- 4. Is there a procedure and tracking system in place for noticing Administrative Staff of overdue appeals?
[CCR 3084.6, DOM 54100.12]**

Yes

Question Rating: 35 **Score: 35**

SECTION POINT TOTAL 100

INMATE APPEALS AUDIT
FINAL REPORT

C. PREPARATION OF APPEALS	Section Rating	82%
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1) Are inmates interviewed at the first level of review or at second level if first level is waived? [CCR 3084.5 (f) and DOM 54100.14]

100 sample # 97 # correct = 97 % Question Rating: 25 **Score: 24**

The low score in this area is due to First and Second Level failing to document whether or not the appellant was interviewed on the 602 or the attached response documents.

2) Do the dates on the appeal correspond with the dates on the IATS?
[DOM Section 54100.9]

100 sample # 51 # correct = 51 % Question Rating: 25 **Score: 13**

The low score in this section is due mostly to the 602 completed dates, received stamp, or returned to inmate date either not being completed or the date on the 602 not matching the IATS.

3) A review of the appeals indicate they are complete, all dates included and signatures included (all blanks filled in appropriately on the CDC Form 602)? [DOM Section 54100.3]

100 sample # 78 # correct = 78 % Question Rating: 25 **Score: 20**

The lower score in this question is the result of dates missing on the First and Second Level 602s. Some of the appeals were missing the "Returned to Inmate" date, the "Assigned Date," "Staff signatures," and "Due" dates on the appeal forms.

4) Is there evidence that appeal decisions are reviewed by the institution head or his/her designee? ?[CCR 3084.5(e)(1)]

73 sample # 72 # correct = 99 % Question Rating: 25 **Score: 25**

SECTION POINT TOTAL 82

INMATE APPEALS AUDIT
FINAL REPORT

D. TIMEFRAMES

Section Rating: 89

- 1) Are appeals being assigned at each level within five working days of receipt in the Appeals Office? [DOM 54100.9]**

100 sample # 87 # correct = 87 % Question Rating: 25 **Score: 22**

*Several appeals reviewed showed only an "Assigned date", and lacked a "Received date," so the Auditor assumed the appeals were not assigned within five days of receipt. **On other appeals the 602s received stamp was day(s) after the assigned date.** Also, there were no assigned dates noted on the 602 to identify when the appeal was assigned.*

- 2) Are informal appeals completed within ten working days?**
[CCR 3084.6 (b)(1)]

18 sample # 17 # correct = 94 % Question Rating: 25 **Score: 24**

The low score in this area is due to the "Returned date" not being filled in on the 602.

- 3) Are first-level responses completed within 30 working days?**
[CCR 3084.6 (b)(2)]

44 sample # 41 # correct = 93 % Question Rating: 25 **Score: 23**

The low score in this area is due to the 602 not having a returned to inmate date to determine if appeal was overdue or not.

- 4) Are second-level responses completed within 20 working days, or 30 working days if first level is waived pursuant to section 3084.5(c)? [CCR 3084.6 (b)(3)]**

73 sample # 58 # correct = 79 % Question Rating: 25 **Score: 20**

The low score in this area is due to 602s not having a "Returned to inmate date" to determine if appeal was overdue or not.

SECTION POINT TOTAL 89

INMATE APPEALS AUDIT
FINAL REPORT

E. APPEAL RESPONSES

Section Rating: 97

- 1) Does the institution prepare a written response at the first level of review stating the appeal issue?**

[CCR 3084.5 (g) and DOM 54100.15]

44 sample # 41 # correct = 93 % Question Rating: 25 **Score: 23**

Some of the First Level Review did not restate the appeal issue when they were handwritten on the 602 or on the attached response.

- 2) Does the institution prepare a written response at the first level of review stating the reasons for the specific decision being rendered?** [CCR 3084.5 (g) and DOM 54100.15]

44 sample # 42 # correct = 95 % Question Rating: 25 **Score: 24**

The following Categories, Case Records, Funds, and Classification on First and Second Level Reviews the responder did not state the reason for the appeal decision rendered. In other categories, some of the Second Levels were too brief, not researched, or only quoted the CCR section as the sole response without providing a nexus for the decision rendered.

- 3) Does the institution prepare a written response at the second level of review stating the appeal issue?**

[CCR 3084.5 (g) and DOM 54100.15]

73 sample # 72 # correct = 99 % Question Rating: 25 **Score: 25**

- 4) Does the institution prepare a written response at the second level of review stating the reasons for the specific decision being rendered?**

[CCR 3084.5 (g) and DOM 54100.15]

73 sample # 72 # correct = 99 % Question Rating: 25 **Score: 25**

SECTION POINT TOTAL 97

INMATE APPEALS AUDIT
FINAL REPORT

F. SPECIALIZED PROCESSING OF APPEALS **Section Rating: 95**

STAFF COMPLAINTS
CDC FORM 1824s
APPEAL RESTRICTION

STAFF COMPLAINTS

- 1) **When a staff complaint is filed against a Peace Officer, is notice given to that Peace Officer regarding the filing of the complaint? (Unit 6 Memorandum of Understanding, Section 9.09(D), Personnel Investigations.)**

25 sample # 19 # correct 76 = 76% Question Rating: 20 **Score: 15**

The low score in this section on some appeals is because the notice provided to Peace Officers was not present in the appeal packet provided for review.

- 2) **Is the institution keeping Staff Complaints for a period of five years?**
[DOM 54100.25.5 and Penal Code 832.5(b)]

Yes Question Rating: 20 **Score: 20**

- 3) **Are all allegations of staff misconduct presented to the warden or designee for determination of the type of inquiry needed?** [AB 05/03]

Yes Question Rating: 20 **Score: 20**

- 4) **Are all allegations of staff misconduct presented to the warden or designee at least weekly?** [AB 98/10]

Yes Question Rating: 20 **Score: 20**

APPEAL RESTRICTION

- 5) **Is there evidence of authorization from Inmate Appeals Branch (IAB) to support each inmate placed on appeal restriction as listed on the IATS?** [CCR 3084.4(3), (4)]

Yes Question Rating: 20 **Score: 20**

SECTION POINT TOTAL 95

INMATE APPEALS AUDIT
FINAL REPORT

G. TRAINING/OFFICE STAFFING

Section Rating: 85

- 1. Is there evidence that the Appeals Coordinator works with the In-Service Training (IST) officer to ensure that training on the appeals procedure is carried out? [DOM 54100.3]**

Yes

Question Rating: 20 **Score: 20**

- 2. Is there evidence that the Inmate Appeals Process training is provided to new supervisors during Supervisor's Orientation? [DOM 32010.10.2]**

Yes

Question Rating: 30 **Score: 15**

Evidence was provided; however, 17 supervisors have not received supervisors' orientation regarding inmate appeals. It is further noted that the last supervisor's orientation training in inmate appeals was provided prior to July 2008.

- 3. Is there an updated Inmate Appeals lesson plan, which identifies recent changes in Department policy? [DOM 32010.8.4, 54100.3]**

Yes

Question Rating: 30 **Score: 30**

- 4. If an inmate is assigned as a clerk in the unit, is he/she prevented from having access to the CDC Forms 602 at any level? [CCR Sections 3370(a) and 3041(e)(1)]**

Yes

Question Rating: 20 **Score: 20**

There is no inmate assigned in the Appeals Office

SECTION POINT TOTAL 85

INMATE APPEALS AUDIT FINAL REPORT

H. OVERDUE APPEALS

Section Total: 98

- 1) What is the number of overdue First Level appeals and by how many days late?**
[CCR 3084.6, DOM 54100.12]

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	2	.25	.50
31-90 days	0	.50	
91-180	0	.75	
181+	0	1	

Question Rating: 50
Points deducted: .50
Score: 49.50

- 2) What is the number of overdue Second Level appeals and by how many days late?**
[CCR 3084.6, DOM 54100.12]

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	4	.25	1.0
31-90 days	1	.50	.50
91-180	0	.75	
181+	0	1	

Question Rating: 50
Points deducted: 1.50
Score: 48.50

APPEALS OVERDUE FROM OTHER INSTITUTIONS (NOT COUNTED):

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	0	.25	
31-90 days	0	.50	
91-180	0	.75	
181+	0	1	

of Appeals: 0 **Points Deducted: 0** **Score: N/A**

SECTION POINT TOTAL 98

INMATE APPEALS AUDIT FINAL REPORT

ADDITIONAL AREAS OF REVIEW: This portion of the audit tool has been added in September 2006. These areas of the institution will be reviewed for information gathering; however, scores will not be obtained.

1. Law Library access for SHU and ASU inmates:

- a)** What is the process for allowing SHU and ASU inmates access to the law library?
[CCR 3122, 3160, 3164, 3343]

The ASU inmates submit a request, are scheduled, and are subsequently placed into holding cells located in the ASU Law Library. Inmates also receive requested materials for in cell studies.

- b)** How often do these inmates have access to the law library?

This library is open Monday through Friday.

- c)** How does access to the law library differ between General Library User (GLU) and Priority Library User (PLU) inmates?

PLU inmates receive two hours Monday through Friday and GLU receive access whenever there is availability.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

ADMINISTRATIVE SEGREGATION
BED UTILIZATION REVIEW

AVENAL STATE PRISON

APRIL 6 THROUGH 17, 2009

The seal of the California Department of Corrections and Rehabilitation is partially visible behind the 'PRELIMINARY' text. It features a circular design with a green border containing the text 'DEPARTMENT OF CORRECTIONS AND REHABILITATION' at the top and 'STATE OF CALIFORNIA' at the bottom. The center of the seal depicts a golden scale of justice and a map of California.

PRELIMINARY

CONDUCTED BY

CLASSIFICATION SERVICES

Avenal State Prison

April 17, 2009

ADMINISTRATIVE SEGREGATION UNIT BED UTILIZATION REVIEW

The Avenal State Prison (ASP) Administrative Segregation Unit (ASU) Bed Utilization Review was conducted during the week of April 13-17, 2009 by Ed Donnelly and Jim Short, Classification Staff Representatives (CSR) from the Classification Services Unit (CSU) with the assistance of Facility Captain Darryl Gibb (SCC), Facility Captain David Mireles (CVSP) and Correctional Counselor II Leslie Gibbs (CTF).

The intent of this review is to provide an evaluation of bed utilization in the ASU. This assessment is intended to be used as a management tool by the institution to assist in identifying areas that could reduce time spent in ASU and thereby reduce overcrowding in ASU.

This review does not address legally required procedural safe-guards, often referred to as "Due Process" as a review in this area was previously conducted within the last two years.

Approximately 20% of the total ASU cases were reviewed. Attached is a breakdown of types of cases that were reviewed by the team.

SAMPLE IDENTIFICATION

A total of twenty-nine (29) cases were reviewed of the total 145 in ASU. Of these cases:

28 cases (97%) were placed in Administrative Segregation based on a pending Disciplinary charge.

One case (3%) was placed in Administrative Segregation based on a pending investigation of Safety concerns/needs.

No cases (0%) were placed in Administrative Segregation based on a pending investigation of Prison Gang Status or update of previous validation.

Does the institution use a comprehensive ASU tracking method that records the reason for ASU placement, track time periods for specific processes and total amount of time in ASU? Yes/No

Yes. The institution has a tracking system and the review team was provided a hard copy report that is generated from this system program. The computer program that is utilized was not observed and may provide a better tracking tool than the hard copy. The hard copy

contained more data than was able to be printed on a standard 8 ½ X 14 inch page and was therefore difficult to read. It is unknown how easy the program is to manipulate to obtain useful reports and process lists. However, the information contained in the system appears extensive and useful.

Comment: Although there is no requirement that a system other than the Distributed Data Processing System (DDPS) be maintained, the DDPS capabilities are limited. A comprehensive ASU tracking system can identify a multitude of data fields, which can be customized by the needs of each specific institution. The tracking system can be very basic but still provide meaningful information that can significantly reduce workload. The system should be maintained in a format that can be sorted by specific areas to enable staff to easily identify possible problem areas at a quick glance.

GENERAL ASU CASE PROCESSING TIMES

Period from Initial Placement in ASU to CSR Review

California Code of Regulations (CCR) 3335(c)(1) requires that the Institution Classification Committee refer the case for Classification Staff Representative (CSR) review and approval when any case is retained in ASU for more than 30 days. When the initial ICC review determines that a case is not expected to be resolved within 30 days, referring the case to the CSR at the time of the initial hearing expedites this process and assures compliance with the regulation.

California Code of Regulations 3335(c) requires that inmates placed in ASU be seen by ICC within 10 days of placement.

Time from the date of placement in Administrative Segregation to the initial ICC referral for CSR review ranged from 3 days to 21 days. Of the cases reviewed, 86% (25) met this expectation.

It is the expectation that cases referred for ASU retention be presented to the CSR for review within 30 days of the Classification committee referral.

Time from the initial ICC referral for CSR review to the actual CSR review ranged from 14 days to 49 days. Of the cases reviewed, 79% (23) met the 30 day expectation.

On January 28, 2009 the Director, via memorandum, changed the time frame for an ASU Institution Classification Committee – CSR referral chrono to be considered valid from the previous 90 day window to a 30 day window. Based on CSR observation the institution is meeting this new time window so the institution can expect that the percentage of cases meeting this expectation will increase dramatically on cases placed into ASU on, or after, January 28, 2009. The current sample included only cases placed in ASU prior to effective date of the change so all cases (100%) were presented to CSR within the allowed chrono-validity period of 90 days.

When an ASU case is reviewed by a Classification Staff Representative (CSR), the CSR will indicate a time period in which the case must be presented again to a CSR for further review. The expectation is that all cases should be presented back to a CSR prior to the expiration of the ASU extension approved.

Of the cases reviewed, 3 cases did not meet this expectation. This calculates to 90% compliance in this area. As noted, all cases in this review are over 30 days from ASU placement and all have had at least one CSR approved ASU extension to date.

DISCIPLINARY CASES

Hearing Timelines

Once a Rules Violation Report (RVR) has been issued, simply determining the time between the issuance and the subsequent hearing does not provide an accurate measurement of the institution's efficiency in processing the case. This is due to the fact that the inmate may choose to postpone the hearing until after any District Attorney review/prosecution has occurred. Due to this factor, RVR processing must be categorized and examined separately.

RVRs heard without postponement

7 cases were examined.

Time from the date of the issuance of the RVR to the date the RVR was heard ranged from 16 days to 39 days.

RVRs heard with postponement pending DA action

2 cases were examined that completed the full Court process.

Time from the date of the completion of the DA/Court action delaying the hearing to the date the RVR was heard ranged from 16 days to 22 days.

10 cases were examined where the inmate initially postponed the hearing but at some time during the process rescinded the postponement.

Time from the date of the RVR to the date the RVR was heard on cases that were postponed and rescinded ranged from 6 days to 271 days.

Post-Hearing Processing Timelines

Following the completion of the hearing by the disciplinary hearing officer or committee, there are no due process timeframes to interfere with rapid completion of the remainder of the disciplinary process. The time is measured from the hearing date through the ICC review. There are several reviews that must occur during this period. Each review is measured.

No RVRs were dismissed and 11 RVRs are still pending.

Hearing to Facility Captain Review:

Time from the date of the RVR hearing to the date the RVR was audited by the Facility Captain ranged from 1 day to 13 days.

Of the cases reviewed, 67% met this expectation (10 of 15 cases). Note that in the collection of the data weekend days were not considered so the number of cases meeting the expectation may be greater than indicated.

(Per the Deputy Director memorandum dated March 26, 2003, the expectation is this time will be within 5 working days.)

Facility Captain to Chief Disciplinary Officer Review:

Time from the date the RVR was audited by the Facility Captain to the date the RVR was audited by the Chief Disciplinary Officer ranged from 1 day to 10 days.

Of the cases reviewed, 43% met this expectation (6 of 14 cases). Note that in the collection of the data weekend days were not considered so the number of cases meeting the expectation may be greater than indicated.

(Per the Deputy Director memorandum dated March 26, 2003, the expectation is this time will be within 3 working days.)

Chief Disciplinary Officer to ICC review:

Time from date the CDO audited the RVR to the case being reviewed by the ICC for the RVR ranged from 8 days to 120 days.

Of the cases reviewed, 27% met this expectation. This percentage appears low, however a large number of cases in this sample were noted as having been reissued for a rehearing. The hearing data was collected from the initial RVR so that the time from the initial CDO review to the ICC action will not reflect the subsequent RVR hearing and review data thereby increasing the perceived time from the CDO review to ICC.

(Per CCR 3335(d) (1) (2), upon resolution an ICC shall review the inmate's case within 14 days.)

Parole Violator Cases referred to the Board of Prison Terms (BPT) for review:

Time from the date of the RVR to the date the RVR was received by the BPT Desk ranged from 8 days to 13 days. Two cases were examined.

Time from receipt of the RVR by the BPT desk to referral to the BPT for offer or screening was recorded as 4 days on the one case that was examined. The second case is pending BPT Desk action.

Time from the referral to BPT to the date of the screening offer or hearing was recorded as 8 days on the one case that was examined.

Incident Report Processing

Once an incident has occurred, the Incident Report must be prepared and completed. This timeline measures the process within the institution as it completes the report, forwards it to its Investigative Services Unit (ISU) and the subsequent response time from the office of the District Attorney (DA) or the ISU screen-out based on local agreement with the DA.

Incident Date to ISU Receipt of Incident Report:

Date from incident occurrence to the date ISU received the Incident Report ranged from 1 day to 180 days.

Of the cases reviewed, 92% met this expectation (22 of 24).

(Per the Deputy Director Memorandum dated March 26, 2003 the complete package will be presented to ISU within 21 calendar days.)

ISU Receipt of Incident Report to Referral to DA/ISU Screenout:

Date from ISU receipt of Incident Report to referral to DA or ISU screen out ranged from 2 days to 70 days. Of the cases examined, 22% of the cases met this expectation (5 of 23).

(Per the Deputy Director memorandum dated March 26, 2003 the expectation is the time should not exceed 5 working days.)

DA Referral to Resolution:

Date from DA referral to either rejection or acceptance of the case ranged from 1 days to 176 days. **(This is one area that the institution has no definitive control over, however, it is suggested that the institution work closely with the DA's office to track the decision making process to resolution of either acceptance of the case for prosecution or rejection of the case for prosecution).**

SAFETY CONCERNS

When an inmate is placed into ASU based on safety concerns, which must be investigated, there are no due process time constraints that delay the resolution and completion of the investigation. The amount of time taken to complete this type of investigation varies and generally reflects the amount of resources utilized to conduct the investigation.

There was 1 case reviewed that was placed into Administrative Segregation based on the need for investigation of safety concerns.

Investigation initiation to Completion:

The investigation was related to over familiarity with a staff member. The duration is 172 days and the case has been reviewed by ICC and CSR twice.

Of the cases reviewed, 0% met the Department expectation.

(Per the Deputy Director Memorandum dated March 26, 2003 the expectation of the investigation duration should not exceed 30 calendar days)

Investigation Completion to ICC Review:

Only one case was reviewed and the investigation is on-going so there is no criteria to evaluate in this area.

(Per CCR 3335(d) (1) (2), upon resolution an ICC shall review the inmate's case within 14 days.)

GANG INVESTIGATION/VALIDATION/DEBRIEFING

When an inmate is placed into ASU based on the need for investigation of gang activity, there are no due process time constraints, which delay the resolution and completion of the investigation. This timeline measures the amount of time taken to complete this type of investigation, the review by the Law Enforcement Liaison Unit (LEIU) and the time to review and conclude the issue by ICC and CSR.

There were no cases reviewed that were placed into Administrative Segregation based solely on Gang Investigation/Validation/Debriefing; however one case that was initially placed in ASU for a Disciplinary issue was, prior to completion of the disciplinary, validated as a Prison Gang associate and retained in ASU pending CSR review and transfer to a SHU. All data was recorded under disciplinary data as the original placement was disciplinary related.

ASU Placement to Referral to IGI for Investigation:

No cases were examined in this area.

Initiation of IGI investigation to Conclusion of Investigation:

No cases were examined in this area.

Conclusion of Investigation to ICC Review:

No cases were examined in this area.

(Per CCR 3335(d) (1) (2), upon resolution an ICC shall review the inmate's case within 14 days.)

NUMBER OF INMATES IN ASU ENDORSED & AWAITING TRANSFER

As of April 17, 2009 there are 155 inmates housed in ASU. Documentation presented by records staff indicates that there are 20 cases that are currently endorsed and awaiting transfer that are housed in ASU. These cases have been endorsed for transfer for a range of 2 days to 85 of days.

GENERAL OBSERVATIONS

Areas of concern noted by the review team include the following:

1. The closure date of Incident Reports (IR) on Distribution of Drug cases. The IR was closed on the date of ASU placement however the RVR was not written until the lab results were received. This created a negative number of days from the IR to the RVR and could be confusing. The review team does not see any benefit in closing the IR until the lab results are obtained.
2. Three cases were noted as having expired CSR approved ASU extensions. These ranged from 7 days to 63 days. Two cases had ICC actions completed on March 26, 2009 and were pending CSR review. The third and most egregious case was a SHU case with an expired MERD. It is not clear why ICC had not reviewed the case.
3. The number of cases that have had CDO ordered Re-issues for Re-hearing, while not a large number, increase the number of days before that specific case can be resolved by ICC.

On a positive note the institution, with an inmate Average Daily Population (ADP) of around 6400, has only an approximate 2.5% of the ADP in ASU housing. This number, while not ideal, appears very manageable and is subject directly to inmate actions that staff can not control.

As noted above this review included 20% of the ASU population and specified those cases that have ASU housing of 90 days or greater. The required sample included nearly every case that was over 90 days, so nearly 80% of the ASU cases were under 90 days of ASU

placement.

As noted above, 97%, of the cases over 90 days were as a result of Disciplinary concerns with a good percentage of these cases (68%) involving referral to the District Attorney for possible Court action.

Overall the review team did not find any pattern of failure or serious lack of oversight. Many of the cases were completed within the expected perimeters and those that fell outside of the expectations were often as a result of continued misconduct by the inmate or because of the need to reissue and rehear an RVR due to procedural errors. The review team made every effort to ensure that meaningful data is provided to ASP management, but not all cases fit the supplied audit tools.

The staff of ASP should be acknowledged for their efforts to resolve issues before ASU housing becomes necessary and to aggressively resolve and manage those cases that do require ASU placement.

**Avenal State Prison
ASU
Bed Utilization Review
SAFETY CASES**

[illegible]

**Avenal State Prison
ASU
Bed Utilization Review
DISCIPLINARY CASES**

CDC #	Days From 114D to Initial CSR Referral	Days From Initial ICC Referral To CSR Review	Expiration Date Of Current CSR ASU Extension	If ASU Extension Has Expired, By how Many Days?	Date of RVR	Charge	Post- poned Pending DA	Days From RVR to Hearing	Days from Hearing to Captains Review	Days from Captain's Review to CDO Review	Days from CDO Review to ICC Review	Days from RVR to BPT Desk	Days from BPT Desk To BPT for Offer	Days to BPT Offer or Hearing	Days from Incident to ISU Receiving 837	ISU Receipt to DA Screen out or Referral	Days from referral to DA Accept/ Reject/ Pending	Accepted/ Rejected	Total Days since Initial ASU Placement	Comments
P31902	5	21	7/8/09	0	8/30/08	Delay PO	NO	16	3	1	13	N/A	N/A	0	N/A	N/A	0	0	227	CSR endorsed for Level III GP
F41523	21	20	7/4/09	0	11/21/07	Delay PO & Bat I/M Wpn	YES	13	13	2	43	N/A	N/A	0	103	9	47	Accept	516	Conv, RVR R/R ICC Pend, end TX L-III
H01828	6	42	6/3/09	0	12/5/08	Poss WPN	YES	PP	0	0	0	N/A	N/A	0	1	12	48	Accept	130	Pled guilty in Court 3-12-09, RVR pend
V72070	7	21	8/7/09	0	5/29/08	Poss WPN	YES	271	8	7	8	N/A	N/A	0	1	25	176	Accept	320	Conv 1-29-09 notice 2-2-09; pend tx L-III
E26356	18	21	7/31/09	0	10/9/08	Consp to Dist CS	YES	92	3	1	16	N/A	N/A	0	-53	4	1	Accept	240	Pend Court Action/ end to PVSP-III
G15048	5	21	8/4/09	0	1/31/09	Battery on I/M W/SBI	YES	PP	0	0	0	N/A	N/A	0	1	46	PEND	0	73	Pending DA Review
T49803	5	14	5/6/09	0	8/23/08	Delay PO	NO	16	1	0	23	N/A	N/A	0	N/A	N/A	N/A	N/A	234	Prison Gang=Validated 3-10-09
C31135	4	28	5/2/09	0	1/25/09	Part in Riot	NO	25	4	7	10	N/A	N/A	0	N/A	N/A	N/A	N/A	79	0
V60495	8	14	4/21/09	0	10/15/08	Battery on A PO	YES	141	1	7	PEND	N/A	N/A	0	0	36	27	Accept	181	Pending ICC review & SHU assessment
V91965	4	27	5/5/09	0	11/2/08	Battery on I/M W/Wpn	YES	PP	0	0	0	N/A	N/A	0	1	35	29	Accept	163	Hearing Postponed pending DA
P83004	9	35	5/27/09	0	6/3/08	Battery on I/M W/ SBI	YES	PP	0	0	0	N/A	N/A	0	1	42	51	Accept	315	Hearing Postponed pending DA
D90072	4	21	5/2/09	0	9/14/08	Battery on PO W/Wpn	YES	PP	0	0	0	N/A	N/A	0	180	4	N/A	0	212	Hearing Postponed pending DA
T70091	7	28	2/10/09	63	8/7/08	Poss WPN	YES	55	2	4	44	8	4	8	0	18	25	Reject	250	SHU MERD 2-7-09, NO new114d or ICC
F93684	17	21	4/23/09	0	9/8/08	Battery on PO	NO	28	0	4	90	N/A	N/A	0	N/A	N/A	N/A	0	218	SHU endorsed too close to transfer
C59693	3	28	5/6/09	0	3/18/09	Dist CS	YES	6	Pend	Pend	Pend	N/A	N/A	0	-80	81	PEND	0	107	Pending DA Review
H36680	12	28	4/22/09	0	1/27/09	Consp to Dist CS	YES	PP	0	0	0	13	PEND	0	-17	2	0	Accept	94	Pending Court and BPH
V64952	8	29	6/22/09	0	12/16/08	Poss WPN	YES	78	2	4	16	N/A	N/A	0	0	20	17	Accept	119	Pending CSR for SHU audit
V05598	9	35	4/18/09	0	6/3/08	Battery on I/M W/SBI	YES	PP	0	0	0	N/A	N/A	0	0	43	51	Accept	315	Court Dismissed 4-3-09 RVR pending
E16315	7	21	4/7/09	7	10/2/08	Poss WPN	YES	119	1	3	52	N/A	N/A	0	0	45	31	Accept	194	Pending Court/ Pending CSR from ICC of 3-26-09
V54844	3	37	7/1/09	0	11/23/08	Sexual Dis Cond	NO	39	6	5	10	N/A	N/A	0	0	23	10	Reject	142	ASU pending GP transfer CSR 3-3-09
V03369	10	21	5/27/09	0	1/5/09	Battery on PO	YES	PP	0	0	0	N/A	N/A	0	0	PEND	0	0	99	Pending ISU review for DA
J11691	9	21	4/20/09	0	6/27/08	Battery on I/M W/Wpn	YES	96	5	2	120	N/A	N/A	0	4	70	10	Reject	287	R/R RVR, pending CSR for SHU audit
H52277	8	21	3/31/09	14	9/24/08	Battery on I/M W/SBI	YES	PP	0	0	0	N/A	N/A	0	0	57	132	Reject	202	ICC 3-26-09 pending CSR, RVR pend
F62363	10	21	5/22/09	0	9/29/08	Battery on PO W/SBI	NO	36	6	10	21	N/A	N/A	0	0	38	61	Accept	197	CSR approved SHU, I/M pending Court
K29423	4	21	7/31/09	0	9/14/08	Consp to Dist CS	YES	58	7	2	21	N/A	N/A	0	0	2	0	Accept	212	Court Conv 1-8-09, RVR reissue 1-2-09
V49356	10	49	6/2/09	0	11/24/08	Battery on PO	YES	PP	0	0	0	N/A	N/A	0	0	49	36	Accept	141	Court Conv 3-26-09, RVR pending
F84229	4	46	4/29/09	0	11/2/08	Battery on I/M W/Wpn	YES	PP	0	0	0	N/A	N/A	0	0	18	47	Accept	163	Court Case Dism 3-19-08; RVR Pending
V90350	8	28	5/9/09	0	11/12/08	Assault on Staff	NO	32	2	0	93	N/A	N/A	0	1	6	N/A	0	153	2X reissue RVR. 804 and order on file

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

RADIO
COMMUNICATIONS

AVENAL STATE PRISON

APRIL 6 - 17, 2009

PRELIMINARY



CONDUCTED BY

TELECOMMUNICATIONS

Review of Radio Communications

AVENAL STATE PRISON, AVENAL

Introduction

This review of Radio Communication Operations at Avenal State Prison, (AVE) was conducted by the Compliance/Peer Review Branch (CPRB), Office of Reviews and Compliance and the Radio Communications Unit (RCU), between the dates of April 13-27, 2009. The review team utilized the California Penal Code (PC), California Code of Regulations (CCR), Title 15, California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM), State Administrative Manual (SAM) and Administrative Bulletin (AB) 90/35 as the primary sources of operational standards.

This review was conducted by Chris Kinman, Project Manager, of the Facilities Planning and Management Division, Telecommunications Section, Radio Communications Unit.

The review consisted of an on-site inspection, interviews with staff, reviews of procedures, and observation of institutional operations.

The purpose of the CPRB review is one of overall analysis and evaluation of the Institution's compliance with the terms and conditions of State regulations as applied to Public Safety Communications. Each area was reviewed with staff and any problems were reviewed or solved with the AVE Radio Liaison. Overall, findings presented in the attached report represent the consensus.

Review of Radio Communications

Avenal State Prison

REVIEW SCOPE AND METHODOLOGY

The CPRB and the RCU conducted an on-site review at AVE during the period of April 13-27, 2009. The purpose of this review was to assess the level of compliance with established State regulations in the areas of Public Safety Communications. This review and the attached findings represent the formal review of AVE's compliance by CPRB.

The scope and methodology of this review was based upon written review procedures developed by the CPRB and provided to AVE's staff in advance of the review.

Random sampling techniques were employed as an intrinsic part of the review process. Throughout the tour, on-duty custody staff were interviewed regarding current practices, all staff were polite and professional when asked these questions.

A random sample of radios were reviewed, checking the Radio as to the Post Assignment, the Department of General Services (DGS) 'S' number and the radio serial number. Utilizing the inventory to prove the proper radio location, AVE was at 100% on radio placement.

The Primary Emergency Operations Center control station, located in the CD Warden's Office was working properly.

Recommendations are to continue normal practices as AVE has no issues with usage of the 800 MHz Trunked Radio System and all AVE staff are following all required Public Safety Standards.

The Reviewer would also like to complement the Radio Liaison and Armory staff at AVE for their organizational skills and overall help made this review a success.

Radio Communication Compliance Review
Avenal State Prison
Exit Conference Discussion Notes
April 13-17,2009

The Office of Audits and Compliance (OAC) and the Radio Communication Unit (RCU) conducted a Radio Communication Security Compliance Review of Avenal State Prison the week of April 13, 2009. review covered 28 different areas.
The chart below details these outcomes.

FINDINGS SUMMARY:

		Compliant	Partial Compliance	Non Compliant
1	Radio Liaison Identified?	Compliant		
2	Inventory System in Place?	Compliant		
3	All Radios Accounted for?	Compliant		
4	Radio Matrix in place?	Compliant		
5	Repair Procedure?	Compliant		
6	Repair Tracking?	Compliant		
7	Battery Management in Place?	Compliant		
8	Proper usage of Battery Management?	Compliant		
9	Inmate Access to Radios?	Compliant		
10	Radio Vault Secured?		Partial Compliance	
11	Intrusion alarm on Radio Vault?	Compliant		
12	Authorization to enter Vault?	Compliant		
13	Key to Vault Secured?	Compliant		
14	Vault key access for DGS-TD Tech?	Compliant		
15	Site Lens Computer Secured?			N/A
16	Procedure to operate Site Lens?			N/A
17	Staff to operate Site Lens?			N/A
18	System Watch/SIDR Training?	Compliant		
19	Chit System in place for Radios?	Compliant		
20	Other Radios on grounds?	Compliant		
21	Scanners on Grounds?	Compliant		
22	Who do you contact for System Malfunction?	Compliant		
23	Steps taken when System Fails?	Compliant		
24	Staff have knowledge on Radio Fail-Soft?	Compliant		
25	Staff have knowledge of RCU Staff?	Compliant		
26	Off Grounds Communication?	Compliant		
27	Working CLERS System?	Compliant		
28	Working CMARS System?	Compliant		
Total		25		

10. Work order in place for radio vault alarm in Cen. Control (audio and visual alarm)
It was noted that there were some transport vehicles that do not have the roof top markings for law enforcement identification.

SECURITY COMPLIANCE REVIEW WORKSHEET

RADIO COMMUNICATION

1. Has the institution identified a person to serve as the Radio Liaison and act as a point of contact with the Office of Telecommunications, Radio Communications Unit?	Sgt Jackson and Armory staff
2. Is there an inventory system in place for the accountability of all institution radios? Who has it?	yes
3. Are all radios accounted for on the inventory?	yes
4. Are the radios issued to the identified custody assignments according to the Radio Matrix provided by the RCU?	yes
5. Is there a procedure in effect regarding the repair and the replacement of radios at the institution level?	yes
6. Is there a procedure in place for radios to be sent out to DGS-Telecom. Division for repair and a logging system in place to account for radios sent in for repair?	yes
7. Is there a battery management program in place?	yes
8. Is the battery management program being used properly?	yes
9. Other than the firehouse base station, are all radios stored in a safe and secure area that inmates do not have access to?	yes
10. Is the Radio Vault properly secured 24 hours a day?	yes
11. Is the Radio Vault equipped with an intrusion/environmental alarm device that is monitored 24 hours a day?	No- work order in place
12. Is there a procedure for authorization to enter the Radio Vault?	yes
13. Is the key for the Radio Vault stored and secured from unauthorized access?	yes
14. Are the procedures in place for the issuance of the Radio Vault keys to authorized staff including DGS-TD Staff?	yes
15. Are the System Watch/SIDR or Site lens computers secured in a location that have NO inmate access?	yes
16. Is there a procedure for operation of the System Watch/SIDR of Site lens computers?	yes
17. Are staff identified who are authorized to operate the System Watch/SIDR or Site lens computers?	yes
18. Is the Radio Liaison trained in the operation of the System Wath/SIDR or Site lens computer program?	yes
19. Is there a chit system in effect for the issuance of Radios to assigned staff?	yes
20. Is the institution utilizing other radios that are not on the authorized Trunked/conventional 800 MHz radio system? (Radio shack, FRS, etc)	no
21. Are Scanners used on facility grounds?	no
22. Does staff know who to contact if a radio system malfunction occurs?	yes
23. What steps are taken when the radio system fails?	yes
24. Does staff know how to use the radios in fail-soft?	yes
25. Does staff know who the RCU radio contact is assigned for that facility and how to contact them?	yes
26. Does the facility have the ability to establish radio communication with local Law Enforcement, Fire and Medical if needed.	yes-Fire Dept Mutial aid radios
27. Does the Facility have a working CLERS radio system and an available operational manual for that system.	yes
28. Does the Facility have a working CMARS radio system and an available operational manual for that system.	yes

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

CASE RECORDS

AVENAL STATE PRISON

APRIL 6 - 17, 2009

The seal of the California Department of Corrections and Rehabilitation is a circular emblem. It features a green outer ring with the text "DEPARTMENT OF CORRECTIONS AND REHABILITATION" at the top and "STATE OF CALIFORNIA" at the bottom, separated by two gold stars. The center of the seal depicts a golden scale of justice and a map of California.

PRELIMINARY

CONDUCTED BY

CASE RECORDS ADMIN

AVENAL STATE PRISON COMPLIANCE REVIEW

Correctional Case Records Services lead a three member team comprised of Kathy Moore, Correctional Case Records Administrator, Pamela Webster, Correctional Case Records Manager, Pleasant Valley State Prison and Kasandra Staves, Correctional Case Records Manager, Sierra Conservation Center to conduct a compliance review April 13 - 17, 2009 of specific areas within the Avenal State Prison records office.

Administrative staff and the Correctional Case Records Manager's were aware of this review in advance and all staff was cooperative and assisted with providing information to the review team when requested.

The two primary areas reviewed were:

1. Holds, Warrants and Detainers (HWD)
2. Warden's Checkout Order (CDC 161)

An overview of the findings in the review process is outlined in this document.

This review consisted of sixty (60) Central Files of recently paroled inmates and 40 additional Central Files for HWD purposes for a total of 100 Central Files reviewed.

HOLDS, WARRANTS AND DETAINERS (HWD)

Reference: DOM Section 72040.5.1 & 72040.5.3

"The HWD Coordinator shall prepare letters of inquiry or initiate teletype requests to resolve potential holds based on the CDC Form 850s completed by institution staff and complete necessary follow-ups on any communication received from law enforcement agencies. The CDC Form 850 shall be attached to the top of the detainer section of the Central File and all such actions shall be entered in the HWD log."

"The HWD Coordinator's initial request to obtain information shall be completed within two working days and follow-up at the 60-day and 10-day audits prior to release. Telephonic follow-up should be used at the 10-day audit."

"If a detainer exists or is believed to exist on an inmate, the HWD coordinator shall prepare a CDC Form 850 documenting the pertinent facts, and immediately contact the designated staff person responsible for evaluating the potential detainer..."

Reference: DOM Section 72040.6.1 & 72040.6.2 & CR 95/01 & CR 02/06

"If the detainer is from a California agency for untried charges, the inmate may request disposition of pending charges by filing a CDC Form 643, Demand for Trial in accordance with the provisions of PC 1381."

AVENAL STATE PRISON COMPLIANCE REVIEW

“Case records staff shall mail the CDC Form 643 to the DA by certified mail, return receipt requested”.

“PC 1381 stipulates a person must be brought to trial within 90 days after written notification of the place of confinement. The 90-day period starts the day the DA acknowledges receipt of the CDC Form 643”.

“If the inmate is not brought to trial at the conclusion of the 90-day period, case records staff shall prepare:

A CDC Form 668, Affidavit in Support of Motion to Dismiss Pending Charges.

A CDC Form 669, Motion to Dismiss Criminal Charges Pending.

A CDC Form 670, Order of Dismissal.

A CDC Form 1006, Cover Memo - Motion to Dismiss.

All of these forms shall be forwarded to the court having jurisdiction of the Matter”

CDC Form 643, Requesting Disposition of Untried Charges in accordance with Penal Code (PC) Section 1381.

Reference: DOM Section 74020.6.2

“When a detainer for untried charges is lodged by an agency of the federal government or an agency of a member state of the interstate agreement on detainers (IAD), the interstate form provided shall be used to notify the inmate of the detainer and to request disposition of the pending charges”.

“PC 1389 provides for the surrender of temporary custody of a prisoner to the jurisdiction of the federal government or another state which is signatory to the IAD where they are wanted for prosecution, except Louisiana and Mississippi”.

“If the inmate demands trial and waives extradition by executing Form II, a court arraignment is not required and case records staff shall proceed on the basis of the inmate's demand for trial pursuant to PC 1389, Article III”.

Reference: DOM Section 72040.9

“When the records office receives notification that a detainer previously placed on an inmate has been dropped or expired, the HWD computerized history for that detainer shall be deleted”.

Desk Procedures for the HWD clerical staff were reviewed and the clerical staff were interviewed. The desk procedures were not updated with the most current information, i.e., Cite & Release Instructional CR 07/04, Instructionals for Notifications pursuant to the Marsey's Law. In some of the areas that were

AVENAL STATE PRISON COMPLIANCE REVIEW

updated, the old information had not been removed and can be confusing for new staff assigned to that desk. The desk procedures need to be updated to cover all HWD processes.

The staff explained verbally the processes they are familiar with, however they were unable to tell me the time frames for initiating a Letter of Inquiry (LOI) and this direction/information is not addressed in their desk procedure.

Of the forty (40) cases reviewed there were twenty-two (22) cases where we were unable to determine the process used to make inquiries on potential holds. A CDC 850 was not always generated to request a letter of Inquiry on any potential hold by either the Case Records Analyst or the Correctional Counselor. It appears from our review that phone calls are being made on any possible potential hold; however no CDC 850 had been generated until after the warrant is received. In discussion with Case Records Analyst and Supervisors, it was determined that Case Records Analysts were not reviewing the rap sheet for potential holds until the 60-day audit as required by Instructional Memorandum CR 97/33 and DOM Section 72040.5.1. See listing of those cases reviewed:

G18559 Owens
G42672 Ortiz
G16791 Cotellesso
G22850 Hess
T82090 Cariglio
F66437 Yates
P37752 Ingram
F91035 Garrett
T56714 Roberts
P74823 Gonzales
F66707 Ramirez
F84772 Seal
V23432 Lara
F74659 Deleon
G36670 Gilliam
G37570 Werner
F03191 Reynolds
G02523 Loretto
F99938 McKee
F90228 Lizarraga
K73619 Blow
G28881 Reed

Of the forty (40) cases reviewed three (3) cases were found not to be in compliance. There were four (4) cases found where the Demand for Trial was

**AVENAL STATE PRISON
COMPLIANCE REVIEW**

submitted, however only one (1) case found where the return receipt certified mail was found in the file. See below listing of cases not in Compliance.

K73619 Blow
G36670 Gilliam
P74823 Gonzales

Of the forty (40) cases reviewed there was one (1) case where the Motion for Dismissal had not been processed. The Demand for Trial was received by the District Attorney on August 15, 2008; however the Motion for Dismissal has not been prepared as of the date of this report, which is not in Compliance with the 90 day time frame.

F99938 McKee

Of the forty (40) cases reviewed there were eleven (11) cases found not to be in compliance of placing a Hold, Warrant or Detainer within the four (4) hour time frame pursuant to policy and procedures. Also noted in our review is that the warrants are not being date and time stamped. See below listing of cases not in Compliance.

G28881 Reed – Teletype received March 15, 2009 at 1:41 a.m., however was not placed until 1:00 p.m. on March 16, 2009.

F90228 Lizarraga – Detainer received via fax on August 2, 2008, not placed until August 4, 2008.

Entry into ARDTS was the day after receipt on the following inmates:

G02523 Loretto
V23432 Lara
F99938 McKee
T82090 Cariglio

F03191 Reynolds – Teletype/Detainer received February 12, 2009, CDC 112 posting, OBIS entry and HWD Evaluation completed on February 20, 2009, ARDTS updated on February 23, 2009.

P37752 Ingram – On March 13, 2009, HDSP faxed a detainer to Avenal. It was not posted, entered into OBIS or ARDTS until March 16, 2009. No indication that an HWD Evaluation was completed.

G22850 Hess – HWD Evaluation not completed within the four hour time frame.

AVENAL STATE PRISON COMPLIANCE REVIEW

F66707 Ramirez – Warrant was not entered into ARDTS within the four (4) hour time frame.

G42672 Ortiz – The following discrepancies were found:

- The four (4) hour time frame for entering the Warrant information into OBIS, ARDTS, posting to the CDC 112, or taken to the HWD Evaluator were not in compliance.
- Only one (1) hold was entered into OBIS; however there were three (3) warrants.
- Five (5) separate CDC 850's were generated from the reception center for potential warrants, however it appears that Avenal's HWD staff transferred this information to one (1) CDC 850.
- Of the five (5) CDC 850's that were generated two (2) of the charges were never followed up on.
- In the Central File a CDC 850 for the Las Vegas PD was located in the HWD Section for the Colorado Holds. There was no follow up done to the District Attorney, only a phone call was made for a warrant check.

Of the forty (40) cases reviewed there was one (1) case where the CDC Form 661 was forwarded to the inmate, however the boxes which indicate the disposition the inmate is entitled to was checked as a PC 1381 inappropriately and should have checked as a PC 1389 instead. Also, one of the charges was for escape. See case listed below:

G42672 Ortiz

Of the forty (40) cases reviewed there were two (2) cases found with discrepancies. See below specifics.

F91035 Garrett - The Warrant # was entered incorrectly when the parole move was made. It reflected the Warrant # as SWM040644; however it should have been reflected as SWM040641. Also, in comments the move reflects 'REO per 4755, should have been entered as REL PER 4755.

V65453 Chandler – In the comments section of the move it reflects REL EPR 4755 PC, should have been reflected as REL PER 4755 PC.

It is required that a Timer Server Log be maintained to insure holds are deleted from the computerized systems pursuant to policy and procedure. In discussion with several of the staff to ascertain if a system was in place we were told they do not maintain a tracking for this. There were four (4) cases found where the timeserver had expired, however had not been deleted from the computerized system.

**AVENAL STATE PRISON
COMPLIANCE REVIEW**

G42672 Ortiz – Time server expired March 5, 2009.

G10363 Contreras – Time server expired May 5, 2008, however has not been dropped from ARDTS.

G23292 Fierro – Time server expired in November 2008, however has not been dropped in ARDTS.

F18615 Garcia – Time server expired on April 9, 2009, however has not been deleted from ARDTS.

A listing from the Automated Release Date Tracking System (ARDTS) was requested upon arrival at the Records Office. There were forty four (44) cases discovered in ARDTS with hold information entered, however this information was not in OBIS. Upon further research it was discovered these were holds that the inmate had already paroled on. There appears to be a disconnect in that when the Case Records Analyst are performing their intake audit they are not reviewing information in the ARDTS and verifying the information with OBIS. Also some of the warrant #'s in ARDTS did not match those in OBIS and some warrants that were listed in OBIS were not in ARDTS. See listed cases for specifics.

P37752 Ingram – There was a warrant listed in OBIS but was not entered in ARDTS.

Warrant # in ARDTS did match Warrant # in OBIS for the following inmates.

V49356 Laiafa
F00906 Rios
V26017 Hoch
G40862 Perez
G31163 Garcia
G18559 Owens
F62788 Groves
F66707 Ramirez
F99938 McKee

Warrants were entered in ARDTS but not in OBIS for the following inmates.

P41785 Jones
F18615 Garcia
T47137 Cisco
K34833 Mariscal
P56709 Morales
F01981 Hernandez

AVENAL STATE PRISON COMPLIANCE REVIEW

F47861 Pando
F84772 Seal
F92203 Barron
T84725 Ortega
V74769 Poe
H45138 Gonsouland
F13107 Ibarra
V80041 Jordan
T86967 Nichols
F79142 Owens
G42672 Ortiz
P21503 Espinoza
G22958 Rodriguez
F00815 Komaromi
P81827 Almarez
T27393 Ford
F69211 Chavez
F84477 Lane
V27232 Cuellar
K32025 Vigil
T47547 Brownlee
G45422 Chin
K78591 Randell
F65215 Contreras
V95331 Budinich
V03531 Anaya

General Findings:

In the Holds, Warrants and Detainer portion of the audit, 19 components were reviewed. There were eight areas listed below that need to be brought into compliance with the current policies and procedures as indicated in the above review portion of this report:

- Time frames between initiating the CDC 850 and forwarding the inquiry to the appropriate law enforcement agency.
- Ensure the certified return receipt is maintained in the Central File for verification.
- Implement a tracking system to ensure the Motion for Dismissal are processed pursuant to the policy and procedures as outlined in DOM. Ensure the certified return receipt is maintained in the Central File.
- Ensure all the requirements are met for placing a hold within the four (4) hour time frame pursuant to Departmental Policies and Procedures.
- Completing the CDC 661 with the appropriate option to the inmate, including but not limited to, PC 1381, PC 1389 and PC 1203.02(a).

AVENAL STATE PRISON COMPLIANCE REVIEW

- Ensure information entered into OBIS for Warrants and Releases Pursuant to PC 4755 are accurate.
- Implement a tracking system to ensure Time Server Warrants are deleted from the computerized systems pursuant to policy and procedures
- Ensure that when holds expire and/or are dropped the ARDTS is updated appropriately and the CDC 112 is posted appropriately.

Recommendations:

- At the time the CDC 850 is initiated for Potential Holds, a date should be reflected on the CDC 850. All staff who is responsible for initiating a CDC 850 should be trained how to complete the CDC 850 appropriately.
- Staff responsible for receiving any hold, wants, or detainer information to comply with the four (4) hour requirements pursuant to policy and procedures need to insure these documents are date and time stamped upon receipt. This would ensure compliance with the requirement that hold, wants and detainer information is being entered into OBIS within the four (4) hours pursuant to policy and procedure.
- Training provided to appropriate staff to insure the computerized systems (ARDTS/OBIS) are updated to reflect a hold, want and detainer have been dropped upon parole.
- Training needs to be provided to staff responsible for tracking the time server's to insure the information upon expiration has been deleted or removed from the computerized system (ARDTS/OBIS) when applicable.
- Additional training should be provided to the appropriate staff who are responsible for reviewing HWD information; either at intake, 60-day or parole to insure compliance with policy and procedures relative to accuracy of that information into the computerized system, i.e., entering holds, dropping holds or updating information as is needed.
- Desk procedures need to be updated with the most current Instructional and Informational Memorandums and training provided to those staff who perform the HWD tasks.
- An audit of the ARDTS needs to be performed to ensure accuracy of the hold information and verified with the information entered into OBIS.
- Recommend the rap sheet be reviewed upon intake by the Case Records Analyst and CDC 850's generated if not already done by CCI on potential holds.

WARDEN'S CHECKOUT ORDER (CDC 161)

Reference: DOM Section 74070.3

"...Paperwork and routine dress-out procedures on cases with release date on weekends or holidays shall be completed prior to the weekend or holiday."

AVENAL STATE PRISON COMPLIANCE REVIEW

"Prior to release of the inmate, records office staff shall prepare the CDC Form 161, Warden's Checkout Order, and arrange distribution as required by institution operations."

Reference: DOM Section 74070.21

"The following data shall be typed on the CDC Form 161:

- Date of Release*
- Type of Release*
- CDC number*
- Commitment name*
- Controlling Discharge Date*
- Name of parole unit and county of residence*
- Parole Region*
- Check off section to indicate that PC Sections 3058.6 and 3058.8 notifications have been sent.*

"The CDC Form 161 shall be typed by clerical staff. As part of the prerelease audit, the release of information on the form shall be verified at a level not less than that of a Case Records Analyst as the form is used by the institution as the source document for OBIS input and therefore, its accuracy determines the accuracy of parole information in OBIS"

Reference: Instructional Memorandum (CR 01/14)

"...The CDC Form 161, Warden's Check-out Order, shall indicate that a notice was sent pursuant to the applicable notification requirement..."

"...the Warden's Checkout Order must include a notation above the Case Records staff's signature block which states PC 3058.6 and/or PC 3058.8 has been complied with or that PC 3058.6 and/or PC 3058.8 is not applicable."

Sixty (60) Central Files were reviewed for inmates/parolees who were released from Avenal State Prison during the preceding week of the review.

Of the sixty (60) files reviewed, discrepancies were found in fifty (50) of the files. See details below:

- In forty nine (49) of the cases the Warden's Checkout Order, CDC Form 161 did not reflect the Commitment Name as indicated on the legal documents and Legal Status Summary.*
- In five (5) of the cases the Parole Region was not reflected on the Warden's Checkout Order, CDC Form 161.*

AVENAL STATE PRISON COMPLIANCE REVIEW

- In one (1) of the cases the Notice boxes were not checked.

Desk procedures were reviewed and there are conflicting directions on what information to reflect on the Warden's Checkout Order, CDC Form 161 for the Name. See Section d), 2, a of the desk procedures.

- d) 2, reflects Last name, first name
 - a) Type the offenders name as it appears on the Legal Status Summary.

GENERAL FINDINGS

There were 60 Central Files reviewed and of the three (3) components reviewed two (2) were found not to be in Compliance.

RECOMMENDATIONS

On the job training should be provided and documented for the Correctional Case Records Analyst, Correctional Case Records Supervisor, or any of the staff responsible for reviewing and signing off the CDC 161 Warden's Checkout Order's.

Desk procedures need to be reviewed and updated as appropriate and training provided to the staff responsible for preparation of the Warden's Checkout Order, CDC Form 161.

STAFF VACANCIES

The vacancies are reported as follows:

Ten (10) Case Records Technician (CRT) Vacancies

- Two (2) CRT positions vacant for 60 days – Interviews held with a start date of April 27, 2009.
- One (1) CRT position promoted to Office Technician.
- Two (2) CRT positions vacant for 60 days with interviews to be scheduled
- Two (2) CRT positions redirected –
 - One to the Facility Captains Office for 60 days?
 - One to the Associate Wardens Office – return to records 5-1-09.
- Two (2) CRT positions on Workman's Comp –
 - One to return on 5-4-09
 - One without a return date as of this report
- One (1) CRT on Personnel Leave with a return date of 5-4-09
- One Supervising CRT on Workman's Comp – no return date as of this report.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

RISK
MANAGEMENT
PROGRAMS

AVENAL STATE PRISON

APRIL 6 THROUGH APRIL 17, 2009

The seal of the California Department of Corrections and Rehabilitation is partially visible behind the 'PRELIMINARY' text. It features a circular design with a green border containing the text 'DEPARTMENT OF CORRECTIONS AND REHABILITATION' at the top and 'STATE OF CALIFORNIA' at the bottom. The center of the seal depicts a golden scale of justice and a map of California.

PRELIMINARY

CONDUCTED BY

DESIGN STANDARDS AND REVIEW BRANCH

**OFFICE OF RISK MANAGEMENT
APRIL 2009 AUDIT**

AVENAL STATE PRISON

EXECUTIVE SUMMARY

The Office of Risk Management (ORM) conducted an audit of the Worker's Compensation Program, Occupational Health and Safety Operations, Hazardous Materials and Fire, Life, Safety Systems from April 13, - April 17, 2009. The purpose of the audit/inspection was to determine the level of compliance with State, federal, and departmental rules, regulations, policies, and procedures. Auditors for this review included Fire Chief, Steve Mahoney and Staff Services Manager I, Stephanie Fields.

This was the first audit that the Office of Risk Management has conducted at Avenal State Prison. Findings from the audit were presented at the Exit Conference on April 17, 2009. The Office of Risk Management does not currently use a standard scoring system, therefore our audit findings do not reflect an overall score for the institution.

Elements Audited Related to Workers' Compensation

- Workers' Compensation Program
- Early Intervention Program
- Return-to-Work Program
- CAL/OSHA Log 300 Compliance
- Inmate Workers' Compensation Program

Elements Audited Related to Health and Safety

- Illness & Injury Prevention Program
- HCP (Hearing Conservation Prog)
- RPP (Respiratory Protection Prog)
- BBP (Blood Borne Pathogens Prog)
- BST (Basic Safety Training)
- HIP (Heat Illness Program)
- CSP (Confined Space Program)
- MWMAP (Cal Waste Management Act Program)
- ADAG (American with Disability Act Accessibility Guidelines Emergency Eye Wash Station)
- HIPAA (Health Insurance Portability & Accountability Act)
- CRFC (CA Retail Food Code)
- HCR (Hazardous Communication Regulation)

Elements Audited Related to Fire, Life, Safety Systems

- Training
- Equipment
- Fire Inspections
- Fire Suppression Equipment
- Hazardous Materials
- Response/Mutual Aid

Areas Inspected at Avenal State Prison

- Firehouse, Hazardous Waste Storage Facility, Satellite Accumulation Points, Administrative Offices, Warehouse and Mail Room.

Below are the audit findings, categorized under the following topics:

Category	Number of Findings
Workers' Compensation Reporting	1
Workers' Compensation Inmate Workers' Compensation Claims	2
Workers' Compensation RTW Program	1
Fire, Life, Safety Systems – Training	1
Fire, Life, Safety Systems – Equipment Compliance with NFPA	2
Fire, Life, Safety Systems – Fire Suppression Equipment	3
Fire, Life, Safety Systems – Haz Mat	2
Health & Safety – Illness & Injury Prevention Program	3
TOTAL	15

This executive summary provides the category, a brief description of the finding, criteria, and recommended corrective action.

The Avenal State Prison Workers' Compensation Program is currently allocated two (2) positions: An Associate Governmental Program Analyst (AGPA) that handles all staff and inmate workers' compensation claims and serves as the Return-to-Work Coordinator (RTWC), and an Office Technician (OT) that assists the AGPA with data entry and staffs the front counter in addition to performing critical clerical tasks. Avenal was not allocated a second analyst position during the 2001BCP process due to its size at the time. The RTWC is managing a significant caseload and there are currently no identified staff that have been trained to perform her duties when she is out of the office. At this time, the Institution Personnel Officer is the only available back-up for the RTWC. It is recommended that the Business Services Division request an additional position or re-direct a position to serve as an Institution Workers' Compensation Analyst (IWCA.)

1. WORKERS' COMPENSATION - REPORTING

FINDING 1. IIPP 5 forms have not been completed for staff claims.

Criteria: Title 8 §3203.

Recommendation: The Return-To-Work Coordinator (RTWC) will ensure that IIPP5 forms will be completed for all staff workers' compensation claims.

2. WORKERS' COMPENSATION – INMATE WORKERS' COMPENSATION PROGRAM

FINDING 1. Cal OSHA Log 301 for Inmates is not posted at the end of the year.

Criteria: Title 8, CCR §14305

Risk/Impact: The Department is at risk of being cited and fined by Cal OSHA.

Recommendation: The RTWC will annually post the Log 301 for Inmates.

FINDING 2. Appropriate workers' compensation claim information is not filed in the inmate's C-file.

Criteria: DOM §31020.7.5.2.2.3

Risk/Impact: Critical information could be lost when an inmate is transferred to another institution.

Recommendation: The RTWC will work directly with the Central Records Manager to ensure that proper claim information is provided for inclusion in inmate C-files.

3. WORKERS' COMPENSATION RETURN-TO-WORK PROCESS

FINDING 1. The Institution does not identify marginal and essential functions including physical and mental demands. Duty Statements are only updated to reflect essential functions when needed during the processing of a Workers' Compensation claim

Risk/Impact: The RTWC is unable to quickly provide the treating physician with a consistent essential functions job description that includes percentage of time on tasks and detailed task information such as: the number of pounds expected to lift and how often, sitting/standing for long periods of time, squatting, driving, keying at the computer and amount of daily time, etc. The ability to provide this information is critical to returning employees to work, particularly when "light duty" assignments are required.

Recommendation: Update the Institution's duty statement to include marginal and essential functions including physical and mental demands for all classifications.

4. FIRE, LIFE, SAFETY SYSTEMS – Training

FINDING 1. Not all staff have completed their required training at this time

Criteria: DOM §52090.6 and Union Contract §17.01

Risk/Impact: Insufficient knowledge on-scene could result in injury, loss of life and /or property. With a higher risk of injury due to lack of appropriate required training, the Department is at risk of increased workers' compensation claims which could result in significant budget consequences. The Department is also at risk of being subjected to the filing of union grievances.

Recommendation: Continue to move forward with completing the training plan that is currently being developed and ensure that all staff are properly trained in a timely manner.

5. FIRE, LIFE, SAFETY SYSTEMS – Equipment Compliance with National Fire Protection Act (NFPA.)

FINDING 1. Extrication equipment is due for replacement per last vendor inspection repair report.

Criteria: NFPA §1670

Risk/Impact: Equipment failure during an emergency could result in increased risk of injury, loss of life and/or property.

Recommendation: Secure funding to purchase new extrication equipment. Purchasing a new unit will be more cost-effective and provide additional firefighter safety due to its lighter weight and increased cutting force.

FINDING 2. There are no engine bay exhaust systems in place.

Criteria: CCR Title 8 CA Labor Code §6702.

Risk/Impact: Prolonged and chronic exhaust fume inhalation by staff and inmates could occur resulting in time lost and increased workers' compensation costs.

Recommendation: Secure funding to install an approved exhaust system in order to come into compliance with Title 8 standards.

6. FIRE, LIFE, SAFETY SYSTEMS – Fire Suppression Equipment

FINDING 1. According to maintenance record review, fire alarm systems are not properly maintained. Trouble and false alarms are common throughout the Institution.

Criteria: Annual servicing is required DOM §52090.7.4

Risk/Impact: Injury or loss of life and property in the event of a fire.

Recommendation: Secure funding to repair fire alarm systems Institution-wide by a certified vendor.

It should be noted that there are structures that were built subsequent to the opening of Avenal State Prison, and therefore not outfitted with any fire detection equipment. This puts the Department at risk of receiving citations from the State

Fire Marshall that could result in significant fines and penalties, in addition to the potential for injury, loss of life and/or property should a fire occur in one of these structures.

FINDING 2. According to maintenance record review, sprinkler systems are not properly maintained.

Criteria: Annual servicing is required DOM §52090.7.4

Risk/Impact: Injury or loss of life and property in the event of a fire.

Recommendation: Secure funding to conduct 5-year tear down on sprinkler systems Institution-wide by a certified vendor.

FINDING 3. According to maintenance record review, hydrant flow ratings are not properly maintained. Complete testing was completed in 2007 and partial testing was completed in 2008.

Criteria: Annual servicing is required DOM §52090.7.4

Risk/Impact: Injury or loss of life and property in the event of a fire.

Recommendation: Develop a schedule of hydrant testing that can be adhered due during state water shortages.

7. FIRE, LIFE, SAFETY SYSTEMS – Hazardous Materials

FINDING 1. Institution does not have a proper Spill Prevention, Countermeasure and Control Plan (SPCC) in place.

Criteria: Title 8, §5192 and §5194

Risk/Impact: Institution at risk of being fined by Cal OSHA for being out of compliance. The Institution is also at risk of being fined by the Department of Toxics and Substance Control and the California Environmental Protection Agency.

Recommendation: Contact the Office of Risk Management or the Kings County Certified Unified Program Agency (CUPA) for assistance in developing an SPCC specific to Avenal State Prison.

FINDING 2. The garage area does not have the required labeling at their Hazardous Materials Satellite Accumulation Point.

Criteria: Title 8, §5192 and §5194

Risk/Impact: The lack of identification of the materials stored increases the risk of the mixing of incompatible materials which have the potential for creating toxic fumes or explosive gasses putting emergency responders at risk of injury and/or loss of life. The Institution is also at risk of being cited for violation of Cal OSHA regulations as well as Department of Toxics and Substance Control rules and regulations.

Recommendation: Provide proper signage in the garage area for these materials.

8. HEALTH AND SAFETY/INJURY & ILLNESS PREVENTION PROGRAM (IIPP)

FINDING 1. Upon request, staff in the Mail Room were unable to locate a copy of the area's IIPP or Code of Safe Practices.

Criteria: DOM §31020.7.4 Safety Training Programs require that staff and inmates are trained in hazards specific to their job assignments.

Risk/Impact: The Department is at risk of increased workers' compensation claims when staff and inmates are not properly trained in appropriate safety precautions and practices as well as being fined by Cal OSHA.

Recommendation: Ensure that all areas throughout the Institution have a copy of the IIPP and Code of Safe Practices pertinent to each specific area and that all staff and inmates are aware of its location and contents.

FINDING 2. The Fire Chief has not completed the Basic Safety Course given by the Department of General Services. It was noted, however, that the Fire Chief has only been in his position for the last 8 months and budget restrictions have impaired his ability to attend this training.

Criteria: SAM §2580.4 and DOM §31020.5.5

Risk/Impact: Lack of training could impede his ability to properly fulfill the duties required of his position.

Recommendation: Fire Chief Mahoney will provide Chief Diaz with the necessary information needed to register for the next available course.

FINDING 3. The IIPP (August 2008) kept in the Fire House did not include the following components: Emergency Evacuation Procedures, Miscellaneous & Communicable Diseases Reporting Tools, Skin Infection Exposure Control Plan, Safe Lifting Training Program, Hazardous Communication Program, Confined Space Entry Program, Heat Illness Prevention Program and Asbestos and Lead Containment Program.

Criteria: Title 8 CCR §3203 (a) and DOM §31020.5.1

Risk/Impact: The Department is at risk of increased workers' compensation claims when staff and inmates are not properly trained in appropriate safety precautions and practices as well as being fined by Cal OSHA.

Recommendation: Chief Diaz will follow-up to ensure that all areas throughout the Institution have a copy of a complete IIPP. The Office of Risk Management will provide Chief Diaz with copies of the required components to add to the IIPP.

The Office of Risk Management appreciates the opportunity to participate in the audit at Avenal State Prison and would like to thank Chief Diaz and his staff as well as Associate Warden Helmar and the staff of the Business Services Office for their assistance and cooperation. We are pleased to be available to assist in any way we can. Thank you.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

ARMSTRONG
SELF
MONITORING
EVALUATION

AVENAL STATE PRISON
APRIL 6 THROUGH APRIL 17, 2009

PRELIMINARY



CONDUCTED BY

ARMSTRONG BRANCH

DISABILITY PLACEMENT PROGRAM SELF MONITORING EVALUATION EXECUTIVE SUMMARY

**Avenal State Prison
April 6 – 10, 2009**

Evaluation Team Members: Cari Dixon (Team Leader), Elena Sarabia, Wanda Coleman-Boult, Wheeler Clark, Doris Duvall, Sylvia Gonzalez, Mario Monterosa, Aurora Navarro, Judy Scott, Danielle Alford, Al Sisneros, Michael Brown, Charles Lester, Jeffrey Thomas, and Daryl Walker

Overall Score – 88% The following areas/questions had a score below 85% or were identified as an issue in the January 18, 2007 Armstrong Injunction.

C. DPP TRAINING (68%)

1. All designated staff have not attended the Overview, Custody and Health Care Armstrong Training Modules as required.
 - b. Custody Module (61%)
 - d. Health Care Module (7%)
- 2.a. All custody staff assigned to ASU/SHU (security housing units)/R&R/Transportation did not attend the required formal Health Care Appliance Interagency Training provided by the Office of Court Compliance and Department of Rehabilitation. (41%)
- 2.b. All Correctional Counselors and Health Care staff did not attend the required formal Interagency Effective Communication Training provided by the Office of Court Compliance and the Department of Rehabilitation staff.
 - Counselors (I, II and III) (95%)
 - Health Care Staff (51%)

D. DPP PROCESS VERIFICATION (86%)

8. The CDC Form 128 Gs did not document the DPP status and placement. (83%) Of the 80 Central Files reviewed, 63 were relative with 52 correct.
9. The Classification Committee did not consider the inmate's limitation as documented in the CDC Form 128 C or CDC Form 7410 when considering program assignments. (82%) Of the 80 Central Files reviewed, 57 were relevant with 47 correct.
12. All inmates designated as DPH, DPS, DNH and DNS were not interviewed within 14 days of arrival or of being identified as DPH, DPS, DNH and DNS to determine their primary and secondary methods of communication. (75%) Of the 80 Central Files reviewed, 12 were relative with 9 correct.
14. All the CDC Form 1515s (Rev 05/01) did not have the required effective communication accommodation documentation that is required for inmates on the TABE 4.0 or lower or Learning Disability lists. (25%) Of the 80 Central Files reviewed, 4 were relative with 1 correct.

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
EXECUTIVE SUMMARY**

**Avenal State Prison
April 6 – 10, 2009**

F. APPEALS (89%)

6. All the CDC Form 1824s were not sent to the appropriate Division Head for response. (96%) Of the 140 reviewed, 77 were relevant with 74 correct.
8. The medical verification process was not followed per the ARP in all cases where required. (97%) Of the 140 reviewed, 39 were relevant with 38 correct.
9. Temporary/Interim accommodations were not granted in all cases when appropriate. (88%) Of the 140 reviewed, 17 were relevant with 15 correct.
10. All CDC Form 1824 responses were not complete, thorough and address all ADA issues. (95%) Of the 140 reviewed, 75 were relevant with 71 correct.
- 11a. All CDC Form 1824s were not returned to the appellants within specified time frames for 1st level appeals. (81%) 89 of 478 1st level 1824s assigned to Custody and Medical were late during the last six month period (18.6% Overdue).
- 11b. All CDC Form 1824s were not returned to the appellant within specified time frames for 2nd level appeals. (25%) 72 of 96 2nd level 1824s assigned to Custody and Medical were late during the last six month period (75% Overdue).
12. All CDC Form 1824s were not rejected per the criteria of the ARP. Of the 40 rejected appeals, 1 was incorrectly screened. (98%)
13. One CDC Form 1824 was incorrectly screened as emergent. (0%) Of the 40 reviewed, 1 was relevant with 0 correct.

G. HOUSING (98%)

1. The DEC DPP Housing/Alpha Rosters were not located in all Medical Clinics. (50%)

H. EFFECTIVE COMMUNICATION (78%)

7. Effective Communication was not documented for all inmates on the TABE 4.0 or Lower Lists for:
 - a. Classification Chronos (CDC Form 128Gs) (48%) Of 80 files reviewed, 29 were relevant with 14 correct.
 - b. Notice of Classification Hearings (CDC Form 128B1s) (29%) Of 80 files review, 35 were relevant with 10 correct.

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
EXECUTIVE SUMMARY**

**Avenal State Prison
April 6 – 10, 2009**

- c. Administrative Segregation Unit Placement Notices (CDC Form 114Ds) (75%) Of 80 files reviewed, 4 were relevant with 3 correct.
 - d. Disciplinary Reports (CDC Form 115s) Issuance of Copies and Disposition (67%) Of 80 files reviewed, 12 were relevant with 8 correct.
8. Health Care providers did not document effective communication for clinical encounters with inmates on the TABE 4.0 or Lower Lists in:
- a. Medical Progress Notes (5%) Of 50 files reviewed, 144 notes were relevant with 7 correct.
 - b. Mental Health Progress Notes (8%) Of 50 files reviewed, 59 notes were relevant with 5 correct.
 - c. Dental Progress Notes (5%) Of 50 files reviewed, 74 were relevant with 4 correct.

I. DISABILITY VERIFICATION (96%)

- 4. All CDC Form 7410s or 128Cs to correspond with the CDC Form 1845s were not located in the inmates' Central Files. (56%) Of 80 files reviewed, 25 were relevant with 14 correct.

K. ACCESSIBILITY OF PROGRAMS (89%)

- 1c. Health care appliances were not listed on the inmate's property cards located in R&R.
- 13b. The Administrative Segregation yard exercise and bathroom are not wheelchair accessible.
- 15. The Family Visiting Unit identified as accessible located in Facility 5 is not wheelchair accessible.

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
AVENAL STATE PRISON
APRIL 6 - 10, 2009**

Institutional Summary		Value	Score	Success
		1610	1409	88%
A.	DPP POLICY	70	70	100%
B.	DPP MISSION	20	20	100%
C.	DPP TRAINING	170	128	75%
D.	DPP PROCESS VERIFICATION	120	103	86%
E.	PHYSICAL PLANT AND MAINTENANCE	0	0	0%
F.	APPEALS	300	266	89%
G.	HOUSING	110	108	98%
H.	EFFECTIVE COMMUNICATION	295	231	78%
I.	DISABILITY VERIFICATION	160	153	96%
J.	DEC SYSTEM	60	60	100%
K.	ACCESSIBILITY OF PROGRAMS	305	270	89%

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
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A. DPP POLICY

		Value	Score
1. Are the ARP and other Armstrong court related documents contained in the Warden's Handbook/Binder to include the January 18, 2007 Armstrong Injunction?	0	0	0
2. Do local Operational Procedures (OPs) include the following for inmates with disabilities? (ARP IV, 1, 5, 6, 8, & 10)			
a. Modification of standing count procedures for mobility impaired inmates	Y	10	10
b. Search policy for mobility impaired inmates and prosthetic limbs	Y	10	10
c. Telephone/TDD/TTY Procedure	Y	10	10
d. Evacuation Procedure	Y	10	10
3. Does the institution have a written plan for alternate DPW ASU:			
A. Housing	Y	10	10
B. Yard accessibility	Y	10	10
C. Shower	Y	10	10
4. Is the current DPP Disability Effective Communication (DEC) Roster in the Warden's Handbook/Binder?	0	0	0
Total		70	70

B. DPP MISSION

1. Is the Institution's DPP mission contained in the Warden's Handbook/Binder?	0	0	0
2. Is an ADA Coordinator identified and is he/she at an Associate Warden/Correctional Administrator level or higher?	Y	10	10
3. Is the DPP Teacher position(s) filled?	0	0	0
4. Are DPP responsibilities included in duty statements for:			
a. ADA Coordinator	Y	10	10
b. DPP Teacher	0	0	0
5. Is the staff Sign Language Interpreter position filled, or has the institution made efforts to fill the position where required?	0	0	0
Total		20	20

**DISABILITY PLACEMENT PROGRAM
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C. IDPP Training

				Value	Score
1.	Have staff received formal DPP training with a DPP Lesson Plans to include the following?:				
	a. Overview: A-0554 (All Staff)				
	Number of Staff Requiring Training	1855	Number of Staff Trained	1787	96%
				20	19
	b. Custody: A-0556 (Custody and Correctional Counselor Staff)				
	Number of Staff Requiring Training	1079	Number of Staff Trained	658	61%
				20	12
	c. Classification: A-0555 (Correctional Counselor Staff)				
	Number of Staff Requiring Training	59	Number of Staff Trained	50	85%
				20	17
	d. Health Care: A-0557 (Medical, Mental Health, Dental Staff)				
	Number of Staff Requiring Training	316	Number of Staff Trained	22	7%
				20	1
2.	Have designated staff received formal interagency training (OCC/DOR) in each of the following?:				
	a. Health Care Appliances: A-1170 (Custody Staff in ASU/SHU/R&R)				
	Number of Staff Requiring Training	68	Number of Staff Trained	68	100%
				20	20
	b. Effective Communication: A-1171 (Correctional Counselors/Health Care Staff)				
	Number of Counseling Requiring Training	59	Number of Staff Trained	56	95%
				20	19
	Number of Health Care Staff Requiring Training	192	Number of Staff Trained	98	51%
				20	10
3.	Does training plans for Staff Assistants include the policy for determining and documenting effective communication for inmates with hearing, vision, speech impairments and inmates on the LD and TABE 4.0 or Lower lists?			Y	10 10
4.	Does training plans for Investigative Employees include the policy for determining and documenting effective communication for inmates with hearing, vision, speech impairments and inmates on the LD and TABE 4.0 or Lower lists?			Y	10 10
5.	Does training for Hearing Officers and Senior Hearing Officers include existing policy for determining and documenting effective communication for inmates with hearing, vision, speech impairments and inmates on the LD and TABE 4.0 or Lower lists?			Y	10 10
Total				170	128

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D. DPP PROCESS VERIFICATION

						Value	Score			
1.	Does the bus screening process include an interview to determine whether the inmate has a disability?									
	Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
2.	If the interview indicates that the inmate may have a disability, does the nurse refer the inmate for medical verification if needed?									
	Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
3.	Does the Institution Staff Recommendation Summary (ISRS) or the CDC 816, RC Readmission Summary contain information about the inmate's disability?									
	Number Reviewed	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	<table><tr><td>0</td><td>0</td></tr></table>	0	0		
0	0									
4.	If the RC stay is extended and the inmate is DPX or dialysis, is there a CDC 128G addressing the Privilege Group (PG) on the 61 st day?									
	Number Reviewed	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	<table><tr><td>0</td><td>0</td></tr></table>	0	0		
0	0									
5.	When granted, are inmates receiving their privileges?									
	Number Reviewed	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	<table><tr><td>0</td><td>0</td></tr></table>	0	0		
0	0									
6.	Are inmates who have impacting disabilities transferred within seven days from a Reception Center with a mission that is inconsistent with the inmate's disability?					<table><tr><td>0</td></tr></table>	0	<table><tr><td>0</td><td>0</td></tr></table>	0	0
0										
0	0									
7.	Is the Expedited Transfer process being followed for General Population inmates that have disabilities that impact their placement?					<table><tr><td>y</td></tr></table>	y	<table><tr><td>10</td><td>10</td></tr></table>	10	10
y										
10	10									
8.	Is there a CDC Form 128 G documenting DPP status and placement?									
	Number Reviewed	<u>63</u>	Number OK	<u>52</u>	<u>83%</u>	<table><tr><td>10</td><td>8</td></tr></table>	10	8		
10	8									
9.	Does the Classification Committee consider the inmate's limitations as documented in the CDC Form 128 C or CDC 7410 when considering program assignments?									
	Number Reviewed	<u>57</u>	Number OK	<u>47</u>	<u>82%</u>	<table><tr><td>10</td><td>8</td></tr></table>	10	8		
10	8									
10.	Are inmates evaluated for community-based programs (Camp, FTTP, DTF, CPMP) based on the application of criteria in ARP II.H and IV. K.?									
	Number Reviewed	<u>46</u>	Number OK	<u>44</u>	<u>96%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									

**DISABILITY PLACEMENT PROGRAM
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D. DPP PROCESS VERIFICATION

				Value	Score
11.	If the DPx inmate is on Medically Unassigned or Medically Disabled status, is there a CDC Form 128G reflecting a classification committee's review of limitations listed on a CDC Form 128 C and/or CDC Form 7410?				
	Number Reviewed	<u>10</u>	Number OK	<u>10</u>	<u>100%</u>
				10	10
12.	Are inmates designated as DPH, DPS, DNH, and DNS interviewed within 14 days of arrival or of being identified as DPH, DPS, DNH or DNS to determine the inmates' primary and secondary methods of communication?				
	Number Reviewed	<u>12</u>	Number OK	<u>9</u>	<u>75%</u>
	Comments:			20	15
13.	Does the CDC Form 611 (Rev 05/01) or CDC Form 128B appropriately reflect all documents in the Central File that verify disabilities?				
	Number Reviewed	<u>24</u>	Number OK	<u>23</u>	<u>96%</u>
	Comments:			20	19
14.	Does the CDC Form 1515 (Rev 05/01) document effective communication and accommodations provided to vision, hearing and speech disabled inmates and inmates on the LD and TABE 4.0 or Lower lists?				
	Number Reviewed	<u>4</u>	Number OK	<u>1</u>	<u>25%</u>
	Comments:			10	3
Total				120	103

**DISABILITY PLACEMENT PROGRAM
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E. PHYSICAL PLANT AND MAINTENANCE

	Value	Score	
1. Does the institution have a written procedure regarding how work orders for ADA features are processed? Comments:	0	0	0
2. Does the written procedure contain specific duties for the following staff?			
a. Correctional Plant Manager	0	0	0
b. ADA Coordinator	0	0	0
c. SAPMS Manager	0	0	0
d. Area Supervisors (custody & non-custody)	0	0	0
3. Does the institution have procedures in place that requires a daily check of accessible features, assets and path of travel in housing units and program areas?	0	0	0
4. Are staff aware of the procedure to identify non ADA/general work orders discrepancies to ADA accessible features/assets? Number Interviewed 0 Number OK 0 0% Comments:			0 0
68			
5. Do employees complete daily inspections and ADA work order request forms by identifying the discrepancies, noting "ADA" on the upper portion of the request, sign and route to their supervisor during their shift? Number Reviewed 0 Number OK 0 0% Comments:			0 0
6. Are all the ADA work orders for repairs input into the SAPMS system and given priority status? ADA Work Orders Number Reviewed 0 Number OK 0 0% General Work Orders Number Reviewed 0 Number OK 0 0% Comments:			0 0
			0 0
7. Do the supervisors review the work order request forms for accuracy, sign and route the originals to the correctional plant manager and a copy to the ADA Coordinator within the same day the work order request was received or by the next business day if the work order request was submitted during non-business hours, weekends, or holidays? Number Reviewed 0 Number OK 0 0% Comments:			0 0
8. Does the ADA Coordinator use the current SAPMS Open Work Order Report to update the "ADA State of Repair Report" and to provide daily oversight of pending ADA repairs and alternative accommodations? Comments:			0 0
9. Does the institution have a designated SAPMS Manager to input work order request? Comments:			0 0

**DISABILITY PLACEMENT PROGRAM
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E. PHYSICAL PLANT AND MAINTENANCE

Value Score

10. Does the SAPMS manager submit the SAPMS Open Work Order Report to the ADA Coordinator monthly?

0	0
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Comments:

11. Does the SAPMS manager or designee input ADA work order data within 24 hours of receipt and determine priority utilizing the appropriate SAPMS shop code?

0	0
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Comments:

12. Does the Appeals Coordinator contact the ADA Coordinator to inform him/her of an inmate's claim on a CDC 602/1824 of an inoperable ADA accessible feature/asset?

0	0
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Comments:

13. Once the ADA Coordinator is notified by the Appeals Coordinator, has a ADA work order been generated?

Appeals Reviewed with 0 Number with 0 0%
Inoperable Features Work Orders

0	0
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Comments:

14. Does the ADA Coordinator send the current ADA State of Repair Report to the OCC Correctional Administrator and the respective Associate Director by the 15th of each month?

0	0
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Comments:

15. Does the ADA Coordinator track, follow-up and monitor the status of ADA repairs?

0	0
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Comments:

16. Is there a written procedure that instructs supervisors to move an inmate or provide an alternative accommodation if the repair of an ADA feature cannot be accomplished within 24 hours?

0	0
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Comments:

17. Does the ADA Coordinator track whether accessible alternatives have been provided when ADA repairs have not been made within 24 hours? (Review all cases)

Number Reviewed 0 Number OK 0 0%

0	0
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Comments:

Total	0	0
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**DISABILITY PLACEMENT PROGRAM
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F. APPEALS

					Value	Score
1.	If the Appeals Coordinator position(s) was vacant at any time since January 18, 2007, was the vacancy filled within thirty days?				Y	20 20
2.	If the Medical Appeals Analyst position(s) was vacant at any time since January 18, 2007, was the vacancy filled within thirty days?				Y	20 20
	Comments:					
3.	Are CDC 1824s available to inmates in the following areas?					
	a. GP housing units	25	Number OK	25		10 10
	(including Mental Health)					
	b. Medical Housing	1	Number OK	1		10 10
	c. Libraries	2	Number OK	2		10 10
	d. Law Library	1	Number OK	1		10 10
	e. Special Housing	1	Number OK	1		10 10
4.	Are appeal boxes emptied daily and the CDC Form 1824s forwarded to the Appeals Office? For Prisons that do not have appeal boxes, are CDC Form 1824s routed through the institution mail, delivered to the mail room and forwarded to the Appeals Office daily?					
	a. GP housing units	25	Number OK	25		10 10
	(including Mental Health)					
	b. Medical housing	1	Number OK	1		10 10
	c. Special Housing	1	Number OK	1		10 10
5.	Are CDC 1824 response due dates assigned based upon the date the appeals office receives the appeal?					
	Number Reviewed	77	Number OK	77		20 20
6.	Are CDC 1824s being sent to the appropriate division head for response?					
	Number Reviewed	77	Number OK	74		20 19
7.	Are CDC 1824s referred to medical for verification when required?					
	Number Reviewed	43	Number OK	43		20 20
8.	Are staff following the ARP process for medical verification?					
	Number Reviewed	39	Number OK	38		20 19
9.	Are temporary (interim) accommodations granted when appropriate?					
	Number Reviewed	17	Number OK	15		20 18
10.	Are the CDC 1824 responses complete, thorough and address all ADA issues?					
	Number Reviewed	75	Number OK	71		20 19
	Comments:					

**DISABILITY PLACEMENT PROGRAM
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F. APPEALS

					Value	Score
11. Are the CDC 1824s returned to the appellant within specified time frames? (Cus. and Med. Combined)						
a. 1 st Level	<u>478</u>	Number OK	<u>389</u>	<u>81%</u>	10	8
b. 2 nd Level	<u>96</u>	Number OK	<u>24</u>	<u>25%</u>	10	3
c. 1 st Level	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	0	0
d. 2 nd Level	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	0	0
12. If the appeal was rejected (not processed as ADA) was the rejection based upon the criteria in ARP IV.I.23.b; CCR 3084.3 (c)?						
Number Reviewed	<u>40</u>	Number OK	<u>39</u>	<u>98%</u>	20	20
13. If the appeal issue involved a major life activity, safety, effective communication for due process or medical, or otherwise meets the criteria outlined in CCR 3084.7a, was it processed as an emergency appeal?(Waived 1st Level and 2nd Level completed in 5 working days)						
Number Reviewed	<u>1</u>	Number OK	<u>0</u>	<u>0%</u>	20	0
Total					300	266

**DISABILITY PLACEMENT PROGRAM
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G. HOUSING

					Value	Score
1. Are the DEC DPP housing rosters distributed to the housing units, R&R, Medical/Dental, Mental Health and Education at least weekly?						
GP Housing Units	<u>25</u>	Number OK	<u>25</u>	<u>100%</u>	5	5
Medical Housing	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	5	5
Medical Clinics	<u>6</u>	Number OK	<u>3</u>	<u>50%</u>	5	3
Education/Vocation Supervisor	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	5	5
Special Housing	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	5	5
2. Are all DPP inmates housed according to their housing restrictions?						
a. DPW cells/bed?						
GP Housing Units (including Mental Health)	<u>15</u>	Number OK	<u>15</u>	<u>100%</u>	15	15
Special Housing	<u>1</u>		<u>1</u>	<u>100%</u>	15	15
b. DPP with Lower Bunk Chrono?						
GP Units reviewed	<u>25</u>	Number OK	<u>25</u>	<u>100%</u>	10	10
Special Housing	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	10	10
c. DPP with Lower Tier Chrono?						
GP Units reviewed	<u>24</u>	Number OK	<u>24</u>	<u>100%</u>	10	10
Special Housing	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	0	0
d. Ground floor?						
GP Housing Units (including Mental Health)	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	0	0
Special Housing	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	0	0
3. Are the ADA posters (with the PLO & RBG address) displayed in locations that are in plain sight to the inmates.						
GP Housing Units (including Mental Health)	<u>25</u>	Number OK	<u>25</u>	<u>100%</u>	5	5
Special Housing	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	5	5
Medical Housing	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	5	5
Law Libraries Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	5	5
Libraries Reviewed	<u>3</u>	Number OK	<u>3</u>	<u>100%</u>	5	5
Total					110	108

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H. EFFECTIVE COMMUNICATION

	Value	Score
1. The following questions refer to the inmate libraries:		
a. Is the law library accessible for mobility impaired inmates?		
Reviewed <u>1</u> Number OK <u>1</u> 100%	5	5
b. Does the law library contain materials in alternative formats, e.g., large print ARP, audio, Braille?		
Reviewed <u>1</u> Number OK <u>1</u> 100%	5	5
c. Is the recreational library accessible for mobility impaired inmates?		
Reviewed <u>2</u> Number OK <u>2</u> 100%	5	5
d. Does the recreational library contain materials in alternative formats? e.g., large print ARP, audio, Braille?		
Reviewed <u>1</u> Number OK <u>1</u> 100%	5	5
e. Is there a written procedure for access to library equipment?		
Reviewed <u>1</u> Number OK <u>1</u> 100%	5	5
f. Are CDC Form 1824s available in the library?		
Reviewed <u>3</u> Number OK <u>3</u> 100%	5	5
g. Are electronic reader machines in good working condition, e.g. Galileo?		
Reviewed <u>2</u> Number OK <u>2</u> 100%	5	5
h. Does the library have a magnifier in good working condition?		
Reviewed <u>3</u> Number OK <u>3</u> 100%	5	5
i. Does the library have inform #		
Reviewed <u>2</u> Number OK <u>2</u> 100%	5	5
2. Does the Education Department maintain a tracking system of TABE scores and distribute the TABE 4.0 or Lower List to the Division Heads weekly?	y	20 20
3. Does the Division Head distribute the TABE 4.0 or Lower List to the appropriate staff?		
Interviewed <u>21</u> Number OK <u>21</u> 100%	20	20
4. Does the Education Department maintain an LD list and distribute it to all Division Heads on a weekly basis?	y	20 20
5. Does the Division Head distribute the LD list to the appropriate staff?		
Interviewed <u>21</u> Number OK <u>21</u> 100%	20	20
6. Does the Education Department issue a CDC 128-B LD Chrono when an inmate is placed on the LD list?	y	20 20

**DISABILITY PLACEMENT PROGRAM
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H. EFFECTIVE COMMUNICATION

					Value	Score
7.	Is effective communication documented for inmates with vision, hearing and speech disabilities and inmates on LD and TABE 4.0 or Lower Lists on the following due process documents: Notice of Classification Hearing (CDC 128-B-1), Classification Chronos (CDC 128-G), Rule Violation Reports (CDC 115) (Hearing disposition and final copy issuance), Investigative Employee Reports and Administrative Segregation Placement (CDC 114-D)? (ARP II.E.2 and Eff. Comm. Memo Revised, dated October 22, 2003)					
	a. Classification Chronos (CDC 128 G)					
	Reviewed	29	Number OK	14	48%	20 10
	b. Notice of Classification Hearings (CDC 128 B-1)					
	Reviewed	35	Number OK	10	29%	20 6
	c. Administrative Segregation Unit Placement Notices (CDC 114-D)					
	Reviewed	4	Number OK	3	75%	20 15
	d. Rule Violation Report (CDC 115)					
	Reviewed	12	Number OK	8	67%	20 13
	e. Investigative Employee Report					
	Reviewed	2	Number OK	2	100%	20 20
8	Are health care providers documenting effective communication for clinical encounters with DPH, DPV, DPS and inmates on the LD and TABE 4.0 or Lower Lists?					
	a. Medical Progress Notes?					
	Number Reviewed	144	Number OK	7	5%	10 0
	b. Mental Health Progress Notes?					
	Number Reviewed	59	Number OK	5	8%	10 1
	c. Dental Progress Notes?					
	Number Reviewed	74	Number OK	4	5%	10 1
9	Are staff in the housing units willing to assist inmates with reading or scribing documents related to CDCR programs, services, and activities?					
	GP Units	25	Number OK	24	96%	10 10
	Spec. Housing	1	Number OK	1	100%	10 10
10	Are Sign language interpreters provided to hearing and speech disabled inmates for due process events and clinical encounters when required?					
	a. Due Process					
	Reviewed	0	Number OK	0	0%	0 0
	b. Clinical Encounter					
	b.1 Medical					
	Reviewed	0	Number OK	0	0%	0 0
	b.2 Mental Health					
	Reviewed	0	Number OK	0	0%	0 0
	b.3 Dental					
	Reviewed	0	Number OK	0	0%	0 0
Total					295	231

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I. DISABILITY VERIFICATION

					Value	Score
1.	Is Section B of the CDC Form 1845 completed correctly?					
	Number Reviewed	<u>40</u>	Number OK	<u>40</u>	<u>100%</u>	
					10	10
2.	Is section C and/or D of the CDC Form 1845 completed correctly?					
	Number Reviewed	<u>19</u>	Number OK	<u>19</u>	<u>100%</u>	
					10	10
3.	Is Section F (if applicable) of the CDC Form 1845 completed correctly?					
	Number Reviewed	<u>33</u>	Number OK	<u>31</u>	<u>94%</u>	
					10	9
4.	Is there a corresponding CDC 128C or CDC 7410 listing physical limitations or assistance with daily living needs?					
	Unit Health Record	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	
	Central File	<u>25</u>	Number OK	<u>14</u>	<u>56%</u>	
					0	0
					10	6
5.	Is the CDC 128B EC Chrono attached to the CDC 1845 for inmates with hearing and speech disabilities in the C File and UHR?					
	Unit Health Record	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	
	Central File	<u>15</u>	Number OK	<u>12</u>	<u>80%</u>	
					0	0
					10	8
6	Is there a written procedure for performing maintenance, repairs and replacement of health care appliances (excluding wheelchairs)?				y	
					10	10

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I. DISABILITY VERIFICATION

						Value	Score			
7	Are staff following the written procedure for performing maintenance and repairs of health care appliances (excluding wheelchairs)?									
	Number Reviewed	<u>6</u>	Number OK	<u>6</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
8	Is there a written procedure for performing maintenance, repairs and replacement of wheelchairs?					<table><tr><td>y</td></tr></table>	y	<table><tr><td>10</td><td>10</td></tr></table>	10	10
y										
10	10									
9	Are staff following the written procedure for performing maintenance and repairs of wheelchairs?									
	Medical	<u>4</u>	Number OK	<u>4</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
10	Are hearing aid batteries and other health care supplies, e.g., catheters, diapers, (not wheelchairs) etc., readily available for inmates as prescribed by Health Care Services?									
	GP Housing	<u>25</u>	Number OK	<u>24</u>	<u>96%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
	Medical Housing	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
	Special Housing	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
	Medical Clinics	<u>6</u>	Number OK	<u>6</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
11	For specialized housing units, do medical staff monitor the health condition of an inmate whose appliance is taken away?									
	Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
12	Are special order health care appliances delivered to the inmate within 10 days of arrival to the institution?									
	Number Reviewed	<u>6</u>	Number OK	<u>6</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
13	Are prescribed health care appliances approved by the Correctional Captain and Health Care Managers or designee for approval?					<table><tr><td>y</td></tr></table>	y	<table><tr><td>10</td><td>10</td></tr></table>	10	10
y										
10	10									
						Total	<table><tr><td>160</td><td>153</td></tr></table>	160	153	
160	153									

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
AVENAL STATE PRISON
APRIL 6 - 10, 2009**

J. DEC SYSTEM

		Value	Score			
1. Is the C&PR and/or CCIII/RC using the DEC to track DPP inmates based on the CDC 1845? Comments:	<table><tr><td>y</td></tr></table>	y	<table><tr><td>20</td></tr></table>	20	<table><tr><td>20</td></tr></table>	20
y						
20						
20						
2. Are CDC 1845s received by the C&PR and/or CCIII/RC within 72 hours of verification or the inmate's arrival from another institution? Comments:	<table><tr><td>y</td></tr></table>	y	<table><tr><td>20</td></tr></table>	20	<table><tr><td>20</td></tr></table>	20
y						
20						
20						
3. Are CDC 1845s entered into the DEC within 24 hours of receipt? Comments:	<table><tr><td>y</td></tr></table>	y	<table><tr><td>20</td></tr></table>	20	<table><tr><td>20</td></tr></table>	20
y						
20						
20						
Total		<table><tr><td>60</td></tr></table>	60	<table><tr><td>60</td></tr></table>	60	
60						
60						

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
AVENAL STATE PRISON
APRIL 6 - 10, 2009**

K. ACCESSIBILITY OF PROGRAMS

				Value	Score
1.	The following questions apply to Transportation and Receiving and Release operations.				
a.	Are inmates transported with their health care appliances?				
Number Reviewed	1	Number OK	1	100%	10 10
b.	Are inmates allowed to retain their health care appliances?				
Number Reviewed	1	Number OK	1	100%	10 10
c.	Are health care appliances listed on the inmate's property card?				
Number Reviewed	1	Number OK	0	0%	10 0
d.	Are inmates initially housed according to their housing restrictions?				
Number Reviewed	1	Number OK	1	100%	10 10
e.	Are accessible vehicles used for inmates who require assistance?				
Number Reviewed	1	Number OK	1	100%	10 10
2.	Is the following information included in orientation for all inmates?				
a.	The purpose of the Disability Placement Program.			Y	5 5
b.	Availability of the CCR, ARP and similar printed materials in accessible formats.			Y	5 5
c.	Accommodations available to qualified inmates, e.g. sign language interpreters for due process events and clinical contacts			0	0 0
d.	Availability of TDDs and volume controlled phones.			Y	5 5
e.	Access to inmate/staff scribes or readers and availability of of specialized library equipment.			Y	5 5
f.	The CDC 1824 process.			Y	5 5
g.	The process of personal notification by staff of visits, ducats, etc.			N	5 0
h.	Access to closed captioned TV in the housing unit.			0	0 0
i.	Verified case-by-case medical exceptions to institutional count procedures.			N	5 0
j.	Information regarding emergency alarms, evacuations, written announcements and notices.			N	5 0
3.	Is orientation communicated effectively (alternative formats)?				
Number Reviewed	21	Number OK	21	100%	5 5
4.	Is the institution utilizing a separate TDD sign in sheet?				
Number Reviewed	17	Number OK	17	100%	5 5
5.	Is access to the TDD phone the same as the regular telephone?				
Number Reviewed	18	Number OK	18	100%	5 5
6.	Indicate which program features are available to inmates in general population?				
a.	TV - closed captioning (VHS institutions)				
Number Reviewed	14	Number OK	14	100%	5 5
b.	Inmate Assistants (designated mobility & V,H,S institutions)				
Number Reviewed	16	Number OK	16	100%	5 5
c.	Volume Control Telephones				
Number Reviewed	25	Number OK	25	100%	5 5
d.	Showers - bench and shower hose.				
Number Reviewed	13	Number OK	13	100%	5 5
e.	Shower chairs				
Number Reviewed	21	Number OK	21	100%	5 5

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
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K. ACCESSIBILITY OF PROGRAMS

				Value	Score
7.	Do the POST Orders include the following DPP information?				
	a. Announcing count, movement, etc. for DPH and DPV inmates				
	Number Reviewed	26	Number OK	26	100%
				5	5
	b. Emergency/Evacuation Procedures				
	Number Reviewed	27	Number OK	27	100%
				5	5
8	Are ID Photos of DPx inmates kept with current housing unit rosters?				
	Number Reviewed	17	Number OK	17	100%
				10	10
9.	Is the institution complying with the Identification Vest Policy?				
	Number Reviewed	26	Number OK	26	100%
				10	10
10.	Do inmates that are temporarily housed in a health care setting due to lack of accessible housing or require assistance with daily living (ADL) have reasonable access to equivalent programs and activities consistent with their custody and privilege groups?				
	Number Reviewed	1	Number OK	1	100%
				10	10
11.	Are inmate body searches conducted pursuant to policy and include special accommodations for DPW/DPM/DPO inmates and inmates with prosthetic limbs?				
	Number Reviewed	27	Number OK	26	96%
	Comments:			5	5
12.	The following questions refer to health care appliances in ASU/SHU/PSU/PHU/MOHU and Condemned:				
	a. Are appliances permitted for in-cell use?				
	Number Reviewed	1	Number OK	1	100%
				10	10
	b. If permitted and removal becomes necessary:				
	i. Is the removal due to an immediate direct threat, or collected as evidence for a crime or investigation?				
	Number Reviewed	1	Number OK	1	100%
				10	10
	ii. Does custody staff contact medical staff for an evaluation for alternate in-cell accommodation?				
	Number Reviewed	1	Number OK	1	100%
				10	10
	iii. Is the warden or designee contacted for approval?				
	Number Reviewed	1	Number OK	1	100%
				10	10
	iv. Does the ICC confirm the removal?				
	Number Reviewed	1	Number OK	1	100%
				10	10
	v. Is the HCA or interim accommodation available to the inmate for in cell and out of cell use as prescribed?				
	Number Reviewed	1	Number OK	1	100%
				10	10
	c. Is the HCA poster in staff view?				
	Number Reviewed	1	Number OK	1	100%
				10	10
	d. When a HCA is retained for out of cell use, is it stored in an area accessible for staff to retrieve for the inmate's use?				
	Number Reviewed	1	Number OK	1	100%
				10	10

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
AVENAL STATE PRISON
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K. ACCESSIBILITY OF PROGRAMS

					Value	Score
13. Indicate which program features are accessible to disabled inmates within the ASU:						
a. Law Library						
Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	5	5
b. Exercise program						
Number Reviewed	<u>1</u>	Number OK	<u>0</u>	<u>0%</u>	5	0
c. Fixed shower bench and shower hose (Designated Insititutions)						
Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	5	5
d. Access to Shower Chairs (Non Designated Institutions)						
Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	5	5
14. Is visiting, including areas for attorneys visits, accessible and contain volume controlled phones or writing materials for inmates and the public?						
a. Accessible						
Number Reviewed	<u>5</u>	Number OK	<u>5</u>	<u>100%</u>	5	5
b. Telephone Volume Control/Writing Materials						
Number Reviewed	<u>3</u>	Number OK	<u>3</u>	<u>100%</u>	5	5
15. Is at least one family visiting unit accessible?						
Number Reviewed	<u>1</u>	Number OK	<u>0</u>	<u>0%</u>	5	0
16. Is the BPH conference room wheelchair accessible, and is a TDD/TTY device available for inmates and the public?						
a. Accessible						
Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	5	5
b. TDD/TTY Device Available						
Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	5	5
17. Is there a wheelchair assigned to the BPH Conference Room?						
Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	5	5
Total					305	270